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RECENT CONTRIBUTIONS OF NEUROPSYCHIATRIC RESEARCH TO THE THEORY AND PRACTICE OF PSYCHOTHERAPY

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IT IS A PLEASURE to express my appreciation for the privilege and honor implied by this opportunity to give the Karen Horney Lecture of 1960, particularly as the material I wish to discuss has been obtained by the basic methods of clinical investigation of psychiatric problems in which Dr. Horney was so able a pioneer. Further, the clinical studies we will briefly review here independently confirm Dr. Horney's conclusions on the importance for mental health and mental illness of current events and social factors. They thus contribute to the concept of "the whole patient" as the concern of therapy.

Clinical research is a difficult and taxing field. The investigator necessarily explores unknown areas which affect the health, welfare and happiness of other human beings. He has a pre-determined, or at least a clearly anticipated goal: change from abnormality toward normality. He uses all available information, methods, and tools to promote this change, utilizing all the cues and all the factors which are available to him in the total situation. The criteria of validity are those of the direction of the course of the process with respect to the desired re-sult. This is quite different from the application of the experimental or scientific method to a problem. In the latter case the objective is to differentiate a complex phenomenon into two or more simpler parts (concepts) by operations which can be communicated (or defined) in generally understood terms. The criteria are those of economy, consistency, and accuracy of operational definition. It is quite clear that the rigorous scientific method cannot be applied in exploration. It is necessary that the area of investigation be defined and that—especially in therapy—the course of the interaction be brought under sufficient control to permit measurements and comparison. It is thus only after exploratory clinical investigations have provided a stable situation that more or less clearly defined operations (measurements) can be applied for differentiating the factors in the situation and determining their relevance. From these considerations it follows that in clinical investigation, as in other exploratory studies, progress depends to a large extent on the development of a variety of methods, thus permitting comparison of different factors, together with the major differ-

ences in the course of treatment, that result. By such means one can more readily identify the factors of major relevance and so begin to differentiate knowledge of the process from beliefs that initiated exploration in the field.

With the exception of a few workers, such as Trygant Burrow and Harry Stack Sullivan, students of psychotherapeutic methods have used the dyadic group (therapist-patient) until relatively recently. Under the exigencies of war it was found useful to utilize social therapeutic methods in combat psychiatry. During the past ten years these methods have been more clearly defined and the principles have been applied to problems other than those of psychiatric casualties from combat. As these studies differ in their setting and in method from the more commonly known work in civilian practice, it is proposed to review certain aspects of them in this paper and briefly note their bearing on theoretical concepts of psychotherapy.

The methods of combat psychiatry initiated in World War I were reinstituted and further studied by a group of psychiatrists in the Mediterranean Theater in World War II, after other methods involving evacuation and attempts at intensive therapy in hospitals had failed. With additional experience further modifications were made and the basic principles described.[1] Colonel Albert J. Glass, MC, a member of the Mediterranean group, established the Neuropsychiatric Service in the Eighth Army in Korea and carried out additional clinical studies.[2, 3, 4] On the basis of these studies and of those conducted by Lt. Colonel F. G. Harris, MC, one may summarize the principles somewhat as follows:

1) The psychiatrist and his staff need a clearly defined goal for therapy. The goal must be fully acceptable to the social group to which the patients and the psychiatric team belong and should be attainable sufficiently often to permit the therapeutic team to maintain a reasonable expectancy of success;

2) Treatment should be decentralized, i.e., away from the hospital and located as close to the patient's work and reference group as feasible;

3) The duration of treatment at the peripheral station needs to be limited (four to six days). This emphasizes the expectation of its being effective and the need to remove severe casualties rapidly to a more stable environment;

4) The diagnostic label needs to express the social expectancy. Thus, the terms *combat, fatigue,* or *exhaustion* express expected recovery in their natural course, whereas technical terms imply an illness or disease;

5) Treatment methods must be kept simple—warmth, food, rest, and discussion limited to the precipitating events and to the immediate situation, including the subject's current attitudes and needs for expression. Questions about earlier life experiences imply long-standing deficiency and inadequacy;

6) The psychiatrist takes the responsibility for decisions, including returning the patient to duty or evacuating him to the rear;

7) The psychiatrist maintains contact by personal visits with the tactical units to keep informed of their problems and to facilitate the return of men to duty.

It may be noted that these principles meet the practical needs of the neuropsychiatric casualty: rest, acceptance in a consistent environment, without change in social role or status, and freedom from making decisions. They also meet the needs of the social group in that they confirm both the importance of the group's objective and also the sense of personal responsibility for its attainment. They are thus directed toward reestablishing the reliability of

social communication and reducing social isolation. In other words, the neuropsychiatric casualty is brought into a structured social situation which has the formal characteristics of a well-organized human group. Under combat conditions the social transactions in this organization are necessarily more condensed than in average society and also differ in preferred content, e.g., interaction on the basis of "technical accomplishment" ranking higher than intellectual, financial or other "exchange" transactions.

The effectiveness of the treatment methods has been studied by Colonel Glass in Italy[5] and Colonel Harris in Korea.[6, 7] Some 75 to 80 per cent of casualties were returned to duty from Division-level treatment and approximately the same proportion of those evacuated to the Holding Company at Army level, where treatment was continued for six to eight weeks. In contrast, during the first four months of the Korean War, when neuropsychiatric casualties were hospitalized, it is estimated that 80 to 90 per cent were evacuated to Japan and the United States. The overwhelming message of hospitalization was to the effect that the casualty suffered from "a disease" and was expected to interact in the role of "a patient" whose health should be reinstated by "the physician." The confusion of social communication resulting was only intensified by discrepant medical concepts of etiology and treatment.

The application of the principles developed in combat psychiatry to psychiatric facilities in Army installations in the United States by the Army's Mental Hygiene Consultation Service (MHCS) has been described by Allerton and Peterson,[8] Bushard,[9] and, most recently, by Glass, et al.[10] Only a few features of the current progress of this work will be considered here, with attention chiefly to the principles and procedures Colonel Glass has developed during the past four years. Following the principle of decentralization, the MHCS operates in the troop area, entirely separate from the hospital, and the psychiatrist is expected to use a considerable portion of his time in making and maintaining contact with the various military units and their commanding officers. If he is alert to the ways in which average men are able to deal satisfactorily with their problems in living, he can be of invaluable service as an advisor on administrative policy, as well as on limited personal problems. This requires knowledge not only of interpersonal dynamics, but also of how the results of the proposed actions will fit with the social value systems and with the course of the interlocking system of social transactions which represents the group organization. In other words, he needs to know whether proposed solutions to problems in life situations will assure reliable continuity of social communication, or whether the immediate goal will conflict with group objectives.

In general terms, the major problems of decision-making in more or less ambiguous or poorly known situations are the problems of assuring reliable continuity of social communication. The proposed immediate transaction must imply assurance of socially approved subsequent transactions for the foreseen eventualities. The decision is otherwise characterized as "unrealistic," however desirable an immediate, probable result appears. It is further of interest that a number of administrators, with reputations as "conservative," are very effective in applying and further developing a new procedure after its social stability has been established, although they opposed it initially.

Each Mental Hygiene Consultation Service unit is staffed by one or more psychiatrists of the Medical Corps, social work officers, clinical psychologists, and a number of enlisted field workers designated as social work specialists. The latter are enlisted men selected on the basis of their interest in the work and their maturity or educational background. Many are college graduates with majors in one of the social sciences. Their training for the field work is preponderantly "on-the-job," with a short apprenticeship period accompanying the worker they will replace. The enlisted field workers are assigned to military units of battalion size or larger and see all unit referrals* first, interviewing them in the Company Day Room at Company Headquarters, in the barracks, or in the field. Often, before interviewing the man himself, they will see the man's commanding officer and sergeant in order to learn what the overt, behavioral manifestations of his difficulties are and the implications of these in the current program of the unit. After the initial contact, the field worker consults with his supervisor on the further course of treatment and management. Methods vary at different installations. In some, the majority of cases receives group therapy directed by the social work officer in separate regimental groups. At other installations, the field worker may act more directly in conjunction with the psychiatrist and continue treatment with the subject himself, or send him to the MHCS unit for treatment. The flexibility of method in the field allows the psychiatrist freedom to organize his team in a manner best suiting the personal and situational factors with which

he has to deal. The different systems of organization which have been developed provide excellent comparative data on different factors. For example, in all cases it has been found that follow-up by the field worker is highly important. Further, the field worker makes a very considerable contribution to the therapeutic effort—whatever the particular method used—by personally representing the MHCS at the Company level. In this capacity he is able to maintain clear communication between the two, informing the psychiatrist of particular characteristics of the field situation and discussing psychiatric recommendations with the Company cadre in the local idiom.

It has been found that the use of the enlisted field worker conveys a message the psychiatrist as a physician or as an officer could not convey. Physicians imply "disease" and "cure," or at least "responsibility for treatment," and officers imply special consideration and importance. The enlisted field worker, by the fact of his status, implies administrative concern, but no magic or drama. His status also mitigates against the establishment of issues and of power struggles with authority, especially as the specialist has himself experienced the inevitable problems military life poses. The potency of this socially structured message can be seen not only in its effect on the men referred for consultation (in contrast with the effect of the out-patient clinic at the hospital), but also in its effect on the attitude of the unit from which the referrals come. Authority and responsibility is maintained in the field—thus reinforcing the consistency of military tradition—and the medical service is used as a reasonable extension of treatment for situations more difficult to deal with.

Colonel Bushard points out that the

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* Referrals from other physicians—e.g., in the hospital out-patient department—are sent directly to the MHCS psychiatrist.

problems of living in the military culture appear to be different to the symptomatically equivalent problems in civilian society. The definition of decrement in performance is more clearly defined and provides a relatively reliable criterion for many objectives of treatment. The methods used by average soldiers for dealing with difficulties are more clearly recognized. To a considerable extent, the social milieu can be controlled to provide consistent responses to the subjects' verbalized and acted communications. Work load and nature of duty can be varied by official authority within limits to meet particular needs, and standards of performance can be defined and demanded. These differences from civilian life are quantitative, rather than qualitative, but the resulting changes of the human interactions in the setting may be qualitatively different. For example, if "authority" is ambiguous—as in many civilian situations—secondary so-called "power struggles" may be initiated, essentially unrelated to the original problem. However, it is to be noted that these patterns of social interaction do not spring *sui generis* out of military organization *per se*. It has required years of clinical investigation to determine the range of variability in procedures that are effective, to determine the methods for educating psychiatrists and their staffs and for orienting officers to the principles of administration involved. Due in part to what has been accomplished in this work, and in part to other factors,[10] the incidence of "mental illness" and the rates of hospitalization and of "separation from the Army" for neuropsychiatric reasons are now lower than at any time since the United States has had a large standing Army.

Colonel Bushard[9] has developed an important theoretical concept from his experiences in the Mental Hygiene Consultation Service. He finds two principles to be useful in orienting the therapist's attention to practically relevant aspects of problems involving mental "health" and "illness." One is that humans require the concurrence of other humans in their performances. This principle applies to the whole range of behavior, from "illness" at one extreme to secure group membership and adequate or superior performance, with the accompanying sense of self-realization, at the other. Bushard's second principle is that of commitment. This may be formulated as organization of one's life toward achieving goals consonant with the objectives of the group, and utilizing ways and means for achieving the goals which are consonant with the group's value systems.[11] It is very unusual for a man who uses neurotic patterns as a solution to his problems in living, and gets concurrence in his inadequate neurotic behavior from some source, to commit himself to the Army and receive concurrence in improved performance. With commitment to concurrence from the group, a man attains what is often called "true membership" in which the first personal pronouns, singular and plural, are frequently interchangeable. When the objectives of the group are well defined in the larger culture, "true membership" may be valid in relatively temporary groups.

An interesting form of administrative concurrence in inadequate performance has been described in the course of the recent work of the Mental Hygiene Consultation Service under Colonel Glass's direction, in conjunction with the Provost Marshal's office, on the problem of military offenders. Until the present program was established, the usual view of authorities and other members of the group toward the com-

mon offender who had been AWOL, insubordinate, etc., was that he was a tough, defiant character. Concurrence in this pattern was expressed by punishment as a deterrent, resulting in a series of repeated episodes of "defiance"-"punishment" until a sentence to the Displinary Barracks was almost inevitable. In the Stockade, the offender received the concurrence of other offenders and in a very short time committed himself to this asocial minority group. After the Disciplinary Barracks, the offender was rarely reinstated as a soldier, but was usually given a dishonorable discharge. The work of the Mental Hygiene Consultation Service has consisted of examining all men sentenced to the Stockade with a view to identifying the probable recidivists. These men are presented to the authorities, not as tough and defiant, but as weak, with chronic character disorders, unable to cope adequately with the requirements of the modern Army. They are recommended for immediate separation from the Service as "unsuitable" or as "undesirable." The former is a discharge under honorable circumstances, the latter connotes undesirability, but is not condemnatory, as is a "dishonorable" discharge. At the same time, the methods of handling offenders was changed from punishment —often humiliating—to attempts at rehabilitation by utilizing a vigorous physical training program, lectures, classes, etc. It is estimated that 30 to 40 per cent of the offenders sentenced to the Stockade for the first time now are able to change their pattern and become reliable soldiers. The major change effected, however, is in the Disciplinary Barracks. Only one, that at Fort Leavenworth, is still open, with a a population of less than a quarter of the total that was housed in five institutions four years ago.

These results emphasize the stability of cultural value systems and the necessity for communicating within the framework of these systems if one expects to obtain useful results from epidemiological methods in dealing with people with difficulties in living. In the case of military offenders, it would be ridiculous to propose a definition of "mental illness," excepting in occasional, specific instances. The definition—"mental illness"—does not include reliable anticipation of treatment leading in a reasonably short time to one or another solution to the problem presented by the military offenders. Further, since military offenders in the dyadic or small, face-to-face group situations respond in culturally well-defined (whether approved or disapproved) forms, it is "clear" to the custodial and other personnel that the offender is not "ill." The definition "weak, inadequate, unsuited for military service" is not only descriptive (most of these men have not held steady jobs before induction), but also provides an accepted course of action. And, which is of possibly more importance, it evokes a response of practical attention and management instead of the hyper-alert retaliation, with consequent personal tension, called for by the "defiance-punishment" transaction in our system of informal social roles. Observations on the practical application of the present concepts in the field indicate that the shift from emphasis on one pre-defined aspect of a formal social role to another such aspect of the same formal role is much more readily accomplished than is any attempt to learn or to teach operations which in themselves may be demonstrably preferrable, but which are culturally a part of other formal roles and their associated value systems. It would further seem that this difference is not related as much to the

personal capacities of the people involved as to the nature of the problem. Staying within the value system announced by a man's title, position, and status provides a reliable anticipation of socially accepted transactions and transitions to other subsequent transactions. Change to another value system requires solution to a variety of problems, often unpredictable and in unexpected areas.

The application of the principles of combat psychiatry to the treatment of military patients in their first (hospitalized) schizophrenic episodes has been studied and the significance of the symptomatology as communication has been described by Artiss et al [12]: It was found that many characteristics of the symptom complex, preferred ways of relating to others and preferred metaphorical, analogical and other forms of communicating were remarkably consistent from an early age and had apparently developed in the family setting. These limited channels of communication had been used under varying circumstances through life to deal with varying social problems, necessarily ineffectively. It is not surprising, therefore, that the patients had experienced increasing social isolation for periods of several months to years before the final precipitating events.

It may be noted here that the relation of the psychotic mode of communication to that in the pre-psychotic period and to the early life experiences closely resembled the relations found by Weinstein [13, 14] between the experiential mode of symbolic behavior shown by patients with brain injury and their pre-morbid personality characteristics and preferred social value systems. Thus, current problems may be met by withdrawal, by action, by dependency, by hostility and so forth, and may be formulated in terms of religion, health, power, sex, food, or other values. It would appear that as the child learns the cultural roles and the accompanying language behavior, he also learns the preferred systems of roles, or value systems, which can be relied on, as it were, and so represent reality. Under stress immediate problems are expressed analogically in these preferred patterns. In brain-injured patients the immediate problems center around the questions of illness and health and may be expressed directly in bland denial or analogically in confabulations, in sexual expression, in projected explanations, and so forth. The psychotic patients similarly utilized various roles and language behavior to express inferentially a "major message" which dealt with one or another conventionally significant, practical aspect of the social situation and its personal connotations.

Although the basic message of the schizophrenic patient was limited in scope and was even more limited in its indication of anticipated future course or solution, it was conventional and not distorted. In general, the basic trainees expressed a quite consistent social problem with only minor variations, essentially to the effect, "I don't belong in the Army. You will reject me eventually. Send me home now." Their symptoms showed no influence of military training and their social isolation started on their arrival at the training camp, with increasing symptomatic expression leading finally to hospitalization. The symptoms of men developing their first schizophrenic episode after several years of service in the Army showed greater influence of the military culture, and the basic messages varied, depending on the personal connotation of their social situation. A number contained the element, "I have failed. Send me away," while others included, "I am dependent. Keep me

with you." In the course of investigating the precipitating events, Aronson and Polgar[18] found that the symptoms leading to hospitalization were present for varying lengths of time, but became pronounced immediately following transfer to another unit, with hospitalization within two weeks in nine out of ten instances.

Comparison of the symbolic behavior of brain-injured and of schizophrenic patients indicates that in certain formal respects, the changed mode of the symbolic behavior is similar. Both deal with limited aspects of the current social situation and use conventional, concrete terms, metaphors, and cliches in a mode which is highly condensed and refers to some aspect of the situation (together with certain of its connotations) and, simultaneously, to the personal attitudes, feelings and needs of the speaker. It is of interest that when this major message can be further explored, it is found to be reasonable and, in the case of some schizophrenic patients, to be well-considered and shrewd. It is the form of communication, rather than what is communicated, that is obscure. In a crucial respect, however, brain-injured and schizophrenic patients differ. The former, though in various ways denying the fact of illness, play the role of a patient in the hospital simply and cooperatively. It is as though they expect treatment, help, and acceptance without undue concern for their ability to interact adequately in the treatment transaction. The schizophrenic patient responds to the hospital situation quite differently. He does not reject it, but also he cannot accept it. He remains aloof, suspicious, and on guard until successful therapeutic operations or other factors permit more reliable interaction with other persons. The schizophrenic syndrome is possibly unique

in that it includes the anticipation of an inability to maintain reliable personal relationships, with consequent defensive, projected, suspicious, and hostile or fearful attitudes (preferred transactions).

The removal of men in psychotic episodes from the environment of their units to a hospital, as is currently necessary, is contrary to the principle of decentralization of combat psychiatry (treatment in the physical periphery of the combat zone). This difficulty can be overcome to a large extent by the therapeutic staff by consistently maintaining a view of the patient as a soldier and, as part of this view, expecting return to duty. It is quite clear that the expectations held by the staff play a very considerable role in therapy, possibly by directing attention and communication more consistently to the therapeutic objective than planned or learned operations can do. The nature of this aspect of human influence is still obscure, however, and needs more study. Comparison of the effectiveness of different personnel with changes occuring in the therapeutic staff seems to show less difference in capacities for effecting a change in patients from "psychotic" to "normal ward" behavior and communication than for effecting the change from "getting out of the Army" to "return to duty." (In theoretical terms, it may be noted, that the former only requires change in emphasis, or weighting, of factors in the "patient role," or system of transaction, whereas the latter requires a change in the role itself, with the necessary extensive readjustments of all transactions.)

Other principles of combat psychiatry are maintained in the milieu-therapy situation, however, though quantitatively modified. The treatment goal is limited and is predetermined: return to duty with performance adequate to

duty. The duration of treatment—six months—is specified, reinforcing the expectation that treatment will be effective. Decisions as to further course— return to duty, return to civilian life, transfer to another hospital, etc.—are made by the psychiatrist and are his responsibility, although they are matters for discussion with the patient, as are all matters affecting his living. The organization and administration of the ward takes staff, hospital setting, and the whole patient group into account. These larger social factors take precedence over factors that concern a single patient, especially if that patient's behavior constitutes a threat, as continously belligerent, defiant behavior does.

It will be noted that these principles result in considerable simplification of the area and duration of social events with which the patient must deal (in which the patient must process data and make decisions). It is necessarily implied that the social organization can be relied upon to maintain stable communication beyond these limits.

The effectiveness of this therapy is indicated by the fact that of 42 patients receiving a minimum of six months treatment, 27 returned to duty, only five of whom came back to the ward for additional treatment. Twenty-two men completed their tours of service without further treatment. Of the 42 patients, only five were transferred to other non-military hospitals. The others returned to civilian life.

It is commonly said that the schizophrenic syndrome as seen in members of a military population is less malignant than that seen in civilians. This general view may have to be modified when one takes into account the clearer definition of requirements of adequate performance and the greater reliability of social communication which exists in well-organized groups, such as the military group. Stated in a different form, this implies that with better criteria for social communication there is less likelihood that difficulties in communication will lead to compounding such difficulties, and so themselves become etiological agents of social isolation and its accompanying changes in the level of symbolic behavior. Conversely, it is generally accepted that returning a patient from the hospital to an environment with a high rate of patterns of communication, of the class defined by Dr. Gregory Bateson as "the double-bind," greatly increases the probability of relapse.

Underlying the apparently highly structured and clearly delimited system of therapy defined by the principles of combat psychiatry is a basic assumption of the nature of psychiatric therapy. This is that if a man learns more about his capacities for commitment and more of the reliability with which he can get concurrence in his own performances—if he learns he can become a member of a group and receive the group support—he probably will use his further experiences in the group to develop adequate, rather than inadequate, behavior. In this sense, a man shows the characteristics of certain problem-solving machines* which, as they develop and formalize patterns for solution of immediate aspects of problems, proceed with more elaborate patterns for solving additional aspects of the problems.

At the Symposium of Preventive and Social Psychiatry held at Walter Reed in 1957, Dr. G. R. Hargreaves[16] pointed out that from a variety of recent clinical research in social psychiatry there is emerging a reasonably consistent psy-

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* Personal communication: Dr. Donald MacKay.

chiatric model quite different from the classical model developed out of what we may call "dyadic therapy" (in contrast to "social therapy"). This model presents the person in much the same sense as was earlier postulated by Georges Simmel.[17] Classically, medicine has looked at man as an organism, divisible into organs, tissues, cells; a series of functions—cardiovascular, renal, respiratory, reflex; subject to a variety of "diseases" of known or unknown (often used in the sense of "not yet known") etiological agents; and treatable by the correct technical manipulations of the physician. In contrast, Simmel points out that man can only be defined as a person, in the sense of a human being —rather than as a healthy or diseased body—in the framework of his social group, including his formal and informal roles, functions, and status.

It is not necessary here to discuss the social model of man more than to emphasize a few significant aspects. It should first be noted that the data on which this and other models are based are the same, the models merely providing conceptually economic formulations for directing the attention and activities of the therapist. The necessity for a model that implicitly or explicitly includes the therapist's operations results from human limitations in processing data. Thus, in the course of therapeutic operations, it is necessary to classify large masses of information rapidly, in terms of their relevance to the course of therapy and the objectives. Models derived from "dyadic" therapy fall into two major groups: The first, derived from the organic therapies, is more classically "medical" in that it assumes the treatment of some structure or function of the body (the brain, abnormal metabolism, toxic reactions, etc.); the second, derived from one or another of the forms of "dyadic"

psychotherapy, postulates a function, namely, "the psyche," with a variety of characteristics ("personal relationships," "instincts," "feelings") and subject to a number of disturbances. As one observes the actual performance of therapists who utilize models of these classes, one observes that social factors usually are dealt with in a highly efficient and practical manner, although these factors are only implicitly or inferentially symbolized in the model and not explicitly formulated.

Discussion of this area will be limited here to two aspects of therapy that are explicity considered in the social model of man and are of importance to practice and theory. The first of these is the problem of the message conveyed to the "patient" by the social role and/or status of the "therapist," or of the clinic, the hospital, or other socially defined position or institution involved.

In the social structure of the Army, the physician and the hospital represent removal of a man from the military situation and invite or require his adoption of the role of "patient." Coincidently, the preferred symbolic formulation of difficulties in living in the Army relates such difficulties to the military situation and offers removal from it as a cure. As a result, attempts at "medical" treatment of emotional problems confirm the role of "patient" regardless of mere verbalization to the contrary by the authorities concerned. In contrast, the use of social work specialists tends to maintain responsibility in the periphery. This peripheral sense of responsibility has the additional advantage that it also facilitates preventive measures designed to use administrative policy to provide a supportive social milieu, as against a destructively permissive or stringent one.

In civilian life the role of the physician and of medical treatment cannot

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be so schematically defined and in the rapidly changing social context of urban culture, the physician's role is often unclear. The studies of Hollingshead and Redlich,[18] Jurgen Ruesch,[19] and others indicate the importance of this factor, but the use of detailed data for practical direction of therapeutic operations has yet to be accomplished. Military experience strongly suggests that a great number of symptoms now occupying the time of expensively trained psychiatrists could be more efficiently and probably more effectively handled by decentralization of treatment and adequate utilization of social group support. One might even speculate that many earlier theories of therapy—expressed in terms of permissiveness and of the patient's need for "love"—were so formulated to support and orient physicians during the exploratory stages of psychiatry, rather than to represent reliable descriptions of the psychopathological situations.

In the dyadic therapist-patient relationships, the social messages are obviously present, but cannot be explicitly formulated any more than one can explicitly describe the atmosphere one breathes in terms of respiratory feelings. The dyadically derived models have dealt with these data largely in terms of "bedside manner," "transference and counter-transference phenomena," and "attitudes toward authority." At the time these factors first came to be practically recognized, the vertical and horizontal stratification of society was simpler and better defined than at present. With the acceleration of social mobility since World War I, these problems have become more complex and also more obvious in the lives of patients. The question, "Who am I" can now only be clearly answered in quite narrow social areas—immediately current occupation, residence, organiza-

tional memberships, for instance. Beyond these limited areas the answers become holistically vague, such as those pertaining to nationality, culture, and politico-religious belief. It inevitably results that problems in living come to be communicated in different analogical symbolic systems than those used earlier. With a reasonably stable social framework, the patient in the early years of this century could adequately analogize his problems as "good" and "bad" instincts—in a form more or less represented by so-called "id-psychology." Without a clear social frame of reference, the symbolic system necessarily had to change in order to communicate the resulting problems and their accompanying feelings. The analogy of a mature and stable citizen has developed with its accompanying "interpersonal relationships," "identity crises," "object relationships and reality testing," and "character analysis" —essentially parts of the Depression and post-Depression "ego-psychology."

The model derived from social psychiatry permits further differentiation into formal and informal social roles, criteria of adequate performance, reference groups, and modes of communication. It directs attention to the external social milieu and to manipulable environmental contingencies. Further, it directs attention to the acute social problem of developing social roles and mores with temporal stability compatible with the temporal dimensions which the present age of technology has imposed. Graduation from a university is no longer the "commencement" of a stable way of life. Nor can one realistically think of psychiatric therapy effecting a "cure," unless it also provides a continuing membership in a formalized group. The social psychiatric model does not provide answers for the questions it raises in its pres-

ent stage of development. Inevitably "answers" will be forthcoming, but what form they will take is still a matter for conjecure.

The second point which the concepts of social psychiatry inevitably raise is the perennially belabored problem of what is "reality," and the corollary, what is "realistic behavior"? Thus, certain social scientists and psychiatrists not in the Army or police system are strongly convinced that law-breakers are ill and need treatment. Men in law enforcement and custodial agencies maintain that law-breakers or offenders are not ill, because they show the socially established patterns of resistance, and that they need punishment because they are defiant. Both points of view are defended as dealing with the relevant realities and as being realistic in their appraisals. It has already been pointed out that a change in the pattern of "punishment, evoking defiance and leading again to punishment" was effected in the Army when the emphasis was shifted to "management of weakness" and "elimination from the service." The latter pattern provides an adequate "image" of the situation for the custodial officer and so permits a shift in the program of transactions with the offenders.

A variety of observations on symbolic behavior and the temporal reliability of communicated anticipatory behavior suggest that the concept of "reality" is applied in two ways for classifying actions and statements. The first of these includes those transactions with the environment for which the culture provides explicit or implicit rules and directions, together with their accepted variability, for continuity of social interaction through several acceptable series of transitional maneuvers and further transactions. Symbolic behavior and overt performance are "realistic"

insofar as they demonstrate anticipated operations within the socially accepted systems for a series of steps, the number of steps depending on the accuracy with which each transaction can be defined. Thus, there is an extensive, fairly well-defined series of steps for buying and selling on credit. In the area of reciprocally evoked personal transactions—such as alliances for political purposes or sexual transactions which involve no contract—the number of steps of successive transactions generally considered to be "realistic" is very limited. In these cases anticipation of greater temporal reliability may be considered "unrealistic." Since each transaction may be successful, may fail, or may be delayed by contingencies in arriving at the anticipated end-state, we may say that behavior is "realistic" if the subject demonstrates knowledge of the socially defined factors in the anticipated transaction and three or more accepted transitions to as many other acceptable transactional systems.

The second use of the concept of "reality" involves anticipatory behavior in areas where social norms do not provide operational definitions and where the temporal dimensions exceed present capacities for estimating probable contingencies. For dealing with these situations the social norms provide systems of "principles" which are symbolized in a variety of forms—philosophical, religious, legal, ethical, political, moral—and which are experienced in social communication as conventions (and sometimes as self-evident cliches), but with the sense (and feeling) of ultimate reality. The operational significance of these symbols of principles and beliefs is essentially the assertion of membership in a group, with the assumption of the reliability of the group to provide acceptable continuity in those areas that cannot be antici-

pated. The "reality" of the socially accepted cosmology, for example, has played a considerable role in the history of "science." The reverse of this use of the concept of "reality" is the "un-realistic" attitude of the paranoid patient who invokes the legal principle of habeas corpus to "solve" (communicate) his difficulties in dealing with the hospital staff.

Although a relativistic definition of reality may not be useful in the course of personal interaction of the therapist with a patient, it can provide a basis for planning and testing social therapeutic methods. It is also useful in psychiatric theory. For example, the concept of ambivalence may be brought under further scrutiny. This concept is commonly considered as an aspect of conflict between two competing feelings or emotions, one of which is thought of as socially unacceptable. Essentially, this pattern of communication can always be shown to be a condensation of a variety of problems, chief of which often is uncertainty about one's competence to perform adequately in the social role system of one or another reference group. A not-uncommon clinical pattern is the basic trainee who expresses "ambivalence" with regard to the Army and to the wife left at home. The contradictory symbolic activity largely occludes recognition that he is not alone, but that a considerable number of his peers have changed from their home roles to that of soldier. Bushard[9] points out that not infrequently the problem is rapidly solved when the trainee's attention is called to this peer sub-group, with the further indication that such a transition is even more widely expected. The trainee can now learn the more comprehensive role of the husband-in-the-Army. It is further of importance that in this change no question has been raised

as to ultimate group adherence or authority.

The problem is quite different where questions of major group adherence and authority take precedence. Thus, much psychotic behavior which appears as intense ambivalence may often be more usefully interpreted in social terms as "human or sub-human." Similar problems were encountered by westerners and Chinese intellectuals when subjected to Communist Chinese "thought reform" in prisons.[20]

Other examples of the different aspects of phenomena occurring in dyadic therapy that are brought to attention when formulated as forms of communication in a larger social field may readily be found. It may be more useful, however, to note here some implications of social therapy for understanding the psychotherapeutic process. One such implication is the importance of what may be called "human influence" in psychotherapy. This is emphasized in social therapy by data indicating that group objectives and expectations play a major role in the effectiveness of therapeutic procedures. The transmission of such expectations is still obscure, but it may well be that it depends in large part on the temporal structure or organization of the social transactions, as well as on the long-term implications of the analogical and metaphorical symbols used for conducting the immediate transactions. Much of social therapy and of dyadic psychotherapy appears to consist of developing a situation in which the patient can learn more comprehensive systems of social communication and can get enough experience to have some confidence in his own capacity to use them. There is always the question of how to estimate the point at which it is reasonable to demand that the patient should overtly indicate his responsibility for exercising such

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capacities. Social therapy often provides more opportunities for testing such demands in situations that are not crucial —that do not involve the authority figure who symbolizes the judgment of the larger social group—than does dyadic psychotherapy. In the latter, much testing of capacities for more comprehensive performance can only be judged by its reflection in the patient's mode of communication. The last point we may note is that social therapy emphasizes the importance of increasing the reliability of social communication and reducing the threat of social isolation.[21] The problem of "insight" appears to be of secondary significance. This would suggest that what is called "insight" provides a sort of criterion for some change having occurred and assures the therapist that at least with him the patient is able to deal symbolically with a wide variety of human transactions. Beyond this, however, "insight" as a criterion of successful therapy requires additional evidence from data on performance demonstrating that in those areas not included in the "insight" communication and performance do not deteriorate.

The brief sketch given here of the clinical investigations of social factors in psychiatric therapy in the Army has not attempted to correlate these data with data from other sources. The Symposium on Preventive and Social Psychiatry held at the Walter Reed Army Institute of Research[22] brought a number of aspects of the field together. Probably the most hopeful feature of the developments in this area is the possibility that much psychiatric morbidity may be dealt with by epidemiological methods, administrative prevention, and utilization of personnel without extensive professional training. The application of the principles of social psychiatry to many situations in civilian life will re-

quire much better definition of social group structure and the cultural structure of inter-group systems. Operationally significant data on such social organization may well come, however, from clinical investigations themselves.

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KAREN HORNEY AWARD

The Association for the Advancement of Psychoanalysis wishes to announce the annual Karen Horney Award. The Award, in the amount of $150, is made for a paper deemed to have contributed significantly to the furtherance of psychoanalysis. The Committee is currently evaluating entries for the year 1961. Authors who wish to enter papers should submit them no later than October 31, 1961. The recipient will be presented with the Award on the occasion of the Annual Karen Horney Memorial Lecture in March 1962. All entries should be forwarded to Louis E. DeRosis, M.D., Chairman, Karen Horney Award Committee, 815 Park Avenue, New York 21, N. Y.

DER KAMPF IN DER KULTUR

(CULTURE AND AGGRESSION)

EINIGE GEDANKEN UND BEDENKEN ZU FREUD'S TODESTRIEB UND DESTRUKTIONSTRIEB

KAREN HORNEY

September 16, 1960, marks the seventy-fifth anniversary of Karen Horney's birth. The Editorial Board felt that publication of the following article would be a fitting tribute. It was one of the first significant critical responses to Freud's "Civilization and Its Discontents." The theoretical and therapeutic aspects of the problems presented have assumed increasing significance in our current moral crisis and dilemma.

"Culture and Aggression; Some Considerations and Objections to Freud's Theory of Instinctual Drives Toward Death and Destruction" was part of a seminar on *"Das Problem der Kultur und die Ärztliche Psychologie"* (The Problem of Culture and Medical Psychology). It was held in the winter semester of 1930-1931 at the University of Leipzig, and was organized by the late Henry E. Sigerist, professor of the history of medicine. The general topic was Freud's "Civilization and Its Discontents." The lectures were: Joachim Wach, *Das Religiose Gefühl* (The Religious Feeling); Arthur Kronfeld, *Der Sinn des Leidens* (The Meaning of Suffering), *Das Wesen des Menschen und der Theorie der Neurose* (The Nature of Man and the Theory of Neurosis); Ernst Jolowicz, *Der Sinn der Kultur* (The Meaning of Culture); Eduard Heimann, *Die Sociale Frage* (The Social Question); Karen Horney, *Der Kampf in der Kultur* (Culture and Aggression); Hans Driesch, *Die sittliche Forderung* (The Moral Challenge).

They were published in *Lectures from the Institute for History of Medicine at the University of Leipzig,* Vol. 4, Georg Thieme, Leipzig, 1931.

Translated by Bella S. Van Bark, M.D.

FOR A PSYCHOANALIST, the problem of describing the part played by aggressive tendencies of mankind in the construction and destruction of culture is bound to be stimulating, since it leads into an almost wholly unexplored area. However, this problem is of such tremendous scope that it would require no less than a lifetime of work in the field of social psychology. I must, therefore, content myself with showing you a few aspects of the problem which resulted from psychoanalytic thinking.

Even the simpler task of working up a brief sketch of Freud's views based on his psychoanalytical thinking, as ex-

pressed in *Civilization and Its Discontents* is not quite so easy, since precisely in this area almost everything is problematic. Precisely those ideas, recently advocated by Freud, on the innate aggressive tendencies in mankind, in contrast to other psychoanalytic concepts, have not developed from empirical observations, but are the product of speculative thinking. As such, they are open to criticism and to attack in psychoanalytic circles.

Those who have carefully followed the development of analysis in recent years realize that this statement about the purely speculative origin can be only partially correct. For out of clinical experience there has been effected a very gradual change based on increasing evidence of destructive tendencies as pathogenic factors. We could also say that *Civilization and Its Discontents* is the ultimate expression of such empirical observation.

At this point we are faced with two divergent impressions. Are Freud's ideas the product of his ingenious, although totally subjective, speculative imagination, or are they a reflection of a first, courageous affirmation of what was experienced and observed in the other? Perhaps we should not waste time on either, or on questioning, but should keep our eyes open to the boundary line separating one from the other.

Now let us see what we find on closer examination of the empirical observations. What is the nature of the change in focus to which I have previously referred? First and foremost, we must consider the changes in the concept of anxiety. Originally, anxiety was regarded as an expression of dammed-up libidinal energies, attributed to inappropriate use of sexual energies. Later, the concept of anxiety was freed from this restricting context in which anxiety was connected only with sexual factors.

Then the concept was extended in the direction of regarding anxiety as an expression of the perception of all the dangers threatening us from the still-lively volcanic forces operative within. These may be strong, uncontrolled sexual forces, but much more frequently anxiety is provoked by destructive forces fused with sexual energies. Even more anxiety-provoking is the perception of destructive forces in pure culture. Even in anxiety of apparently sexual origin, as, for example, anxiety over the perception of unconscious prostitution fantasies, or over the horrible consequences of masturbation, we can at least see that the content of such anxiety is conditioned by the admixture of repressed destructive drives. The fruitfulness of such a broadened view is reflected in our understanding of the universality of masturbation anxiety.

To Freud we owe this broader perspective on the sexual problems confronting us, a perspective which has made it possible for us to start wondering about the ubiquity of masturbation-anxiety. We are not especially surprised that religious people, who turn aside from all sexual matters, would consider masturbation a heinous sin. What is even more significant is that we find anxieties not only among those who have read articles depicting every kind of terrifying consequence of masturbation, but that we also find secret anxieties in countless people who are mostly ignorant of any connection between anxiety and masturbation. The same anxieties are found, in this or that guise, in those who are not especially bothered by ethical concerns over sexual matters. Furthermore, these anxieties are not restricted to any age or cultural class. Such findings should make us thoughtful.

At first, psychoanalytic experience indicated that anxiety could be traced to

threats about masturbation in childhood and that, although deeply repressed, these threats continued to operate as a residual source of anxiety. However, such threats were not elicited to any noteworthy degree in all patients. And even if they had been uncovered, it would mean only that the problem had to be shifted to the previous generation. We would then have to raise this question: What accounts for such a general parental prohibition of masturbation? Medically speaking, there is no known or rational basis for connecting masturbation with every possible illness. The tendency to make such a correlation is in itself an expression of anxiety. Educators have objected to masturbation on the ground that fostering such an easily attainable pleasure undermines character development and contributes to antisocial and egocentric behavior. They have a point, but their argument does not in the least clarify the roots of the anxiety in which masturbation is imbedded.

Actually, masturbation-anxiety cannot be comprehended from those aspects which are accessible to consciousness, but can only be inferred from the guilt feelings generated by the unconscious fantasies accompanying or leading to masturbation. The content of the sexual fantasies in themselves, no matter how infantile or prohibited, cannot make understandable those specific anxieties which are found in those who unconsciously fear or consider every deprivation in life, every conceivable illness, every failure a consequence of masturbation. If there is one principle which is inviolable and operative in the unconscious, it is the ancient principle of Talion (Vengeance): an eye for an eye, a tooth for a tooth. If with your heart and soul you wish illness to another person, desire to eliminate him from the competitive struggle, desire his

ruin or his death, you must unconsciously fear retaliation with a similar fate for yourself. In other words, only the more potent mixture of unconscious destructive elements with masturbation can make understandable the extreme ease with which anxiety is provoked.

An example may illustrate this point. An exact, detailed, psychological history of a compulsion neurosis may often show the following onset: In reaction to certain anxieties, a man has suddenly suppressed masturbation. At precisely this point, compulsive phenomena appear for the first time. What has occurred? Prior to this point, the individual has succeeded in fusing unusually large components of hostile impulses with libidinal impulses. Of course, he has had anxieties, but they have not, so to speak, threatened his very existence. As soon as the libidinal fusion is dissolved, and the hostile impulses break through and, as such, lurked naked and undisguised within the depths of the individual, he must protect himself in very different ways from the threatening danger. At this point, the compulsive phenomena arise as security measures against the unmixed destructive drives.

Now let us consider an even more common problem. We all know people who are not actually considered ill and, yet, in characteristic ways seem fated to fail in the areas of work, love, and friendship. Here, as well, we find that the particular restricting hand which appears to be fate is actually an expression of repressed aggressions. Perhaps it goes like this: for such people every competitive situation at work or in love becomes impossible and resembles life-and-death matters unconsciously. They therefore prefer to condemn themselves to failure.

Now let us take an example from an area nearer to general experience in a

normal life. We might inquire as to why there are so few successful marriages. Why do we find in the most ordinary exchange between husband and wife such easily provoked undercurrents of defensiveness, anxiety, and distrust? Why must the husband belittle his wife in one way or another? The source of these reactions does not involve the sexual area, for in actuality Eros binds husband and wife. What is really involved here is this: precisely the strongest and least controllable affects grow in the same soil as the most potent hostility; and these have been developing since childhood and are carried over to the adult in the form of a readiness to distrust.

This is not a particularly new premise. We have always realized that hostility and retaliatory drives contribute not only to the genesis of neurosis, but also to ordinary human conflicts. What has really taken place in psychoanalytic thinking is a shift from considering only the sexual factors to emphasis on the destructive forces as the true operative pathogenic factor.

And yet this shift seems to encompass more than a mere change in emphasis, at least insofar as theoretical constructs are concerned. We cannot reproach Freud for underestimating the importance of the contribution of hostile-aggressive drives in the factors affecting both the individual and society. How have we previously classified these drives directed toward destruction of the object? By and large, they were included under sadism. Sadism was commonly described as a partial drive of sexuality appearing during a particular phase in the development of infantile sexuality. Infantile cruelty appeared as its direct expression; the picture of compassion and consideration was regarded as reaction-formations against sadism. Sadism was seen as a perversion, as a re-

gression to this phase, and residual aggressions as more or less ego-shaping transformations. Specific occupations, such as soldier and surgeon, were considered as sublimations. This mode of classification has not been satisfactory inasmuch as there are many pathological and normal phenomena which do not in the slightest degree show any connection between the destructive drives and sexuality. We could have seen the untenability of this argument earlier when Abraham, by way of a theoretically consistent extension of this concept, raised objections to this correlation and postulated a "post-ambivalent" phase. This would mean that we could expect the following: If all the streams of sexuality were unified in the phase of genital primacy, and thus an individual had fully developed his capacity for love, then every shred of sadism, as such, would have disappeared and, therefore, the individual would no longer harbor any ambivalent emotions of love and hate towards the love-object.

In context with earlier theory, this postulate would be indisputable, but reality upsets the argument. Freud, himself, has often enough stressed that even under normal conditions a person does not reach this ideal state. The sharpening of our theoretical understanding of sadism has been hampered by an unsuitable broadening of the term, which grew out of a tendency to create a maximally unified concept from phenomena, in this instance from sexuality.

The newer concept of a duality of instincts seems to fit in better with the facts. I, therefore, believe that the great psychoanalytic significance of *Civilization and Its Discontents* stems from the fact that here, for the first time, the important role of non-erotic aggressive tendencies is fully appreciated. This is expressed by Freud as follows: "I can no longer understand how we could

have overlooked the universality of non-erotic aggression and destructiveness and and how we could have failed to give it its due significance in the interpretation of life." Up to this point there is hardly anything that is problematic, and this is as far as empirical observation takes us.

What I find questionable is Freud's derivation of these destructive drives from the death instinct. The assertion of a death instinct would, grossly simplified, mean that as we find in all organic matter the biological rhythm of creation and destruction, anabolism and catabolism, and a cycle of life, growth, and death, so also we could find corresponding processes in drives which could be designated as life-and-death instincts, or as Eros and Destruction. Freud himself concedes that the arguments for such a state of affairs were not convincing. No matter how ingeniously the material derived from biology is used. it does not lend itself very well to analogies. Even the psychological arguments are not convincing as supportive evidence for the phenomena of "repetition compulsion" and "primary masochism," which could be interpreted differently and are in themselves problematic. Furthermore, the death instinct can neither be experienced, as Freud himself states, nor can it in any way be discovered in isolation, but "works silently within the organism toward its disintegration." Freud thinks that "the more productive idea is this one, that a component of the instinct is directed outward and then manifests itself as the drive to aggression and destruction." We must carefully examine the meaning of this sentence. Although the claim of a death instinct in itself may belong in the realm of speculation, nevertheless his idea may furnish us with a useful working hypothesis. The meaning of this

statement is no more and no less than this, that "man possesses an innate tendency to evil, aggression, destruction and ultimately to inhumanity." Freud is correct in adding that none of us cares to hear things of this nature. However, our aversion does not constitute evidence to the contrary. What should really concern us is whether this statement can or cannot be corroborated by the available psychological data. One fact stands out in the foreground: the widespread occurrences throughout history of ruthless attitudes and behavior have no bearing at all on this assertion, since the question of the innate nature of such tendencies is left open, or at least the value of such observations cannot be gauged without a careful investigation into the nature of the psychological and social pressures which might perhaps have produced them.

I believe rather that this is the more cardinal question: Can every action which appears to be directed toward destruction be considered as a derivative of a drive to destruction? Our first task is to clarify the difference between the concepts of aggression and destruction. Freud's tendency to string these two concepts together and to equate one with the other did not occur by chance or through carelessness of expression. He intentionally related them very closely and this becomes much clearer when we realize that he wants us to regard the drives to rule, to exert power, to master nature as "modified and controlled, quasi aim-inhibited expressions of this drive to destruction."

I ask you, can the constructive in man be regarded as an aim-inhibited expression of the destructive? Isn't this a rather debatable generalization of that extraordinary, otherwise fruitful, analytical thinking which assumes that the factual results of an action indicate often enough the direction in which

we must search for the appropriate instinctual drive behind it? Of course, we need not be fearful of turning antiquated truths upside down—to change "man destroys in order to live" into "man lives in order to destroy"; but if we do this we must have a more cogent basis than the merely scientific urge to embrace all living processes in one powerful, but perhaps rather overwhelmingly stretched synthesis, the synthesis of Eros and Destruction.

To be sure, every step forward in our conquest of nature also gratifies our sense of mastery. But apart from the fact that mastery gives us a heightened sense of aliveness, hunger would have driven man to conquer nature anyhow, or, to say it more succinctly, the drives to preserve life and improve the necessary conditions for life would push us in that direction. The aggressive tendencies definitely play a significant part in the drives for self-preservation. With equal certainty, we can speak of the aggressive drives as innate if we understand them in their fundamental sense as referrable to impulses to touch, grasp, seize, take hold of, and possess. We can see expressions of the *anlage* for this drive even in the infant, and it is clear enough when we see the infant reaching for and attempting to take hold of everything. From this point onward, we can easily extend the line of development to later manifestations of making demands, making claims, wanting to win out, wanting to conquer people and things, and wield power over them.

But where in all this can we identify the destructive force? Is it not possible to consider all tendencies of this order as varied expressions of a vital urge for expansion? Are not all these impulses exquisitely life-affirming? Are they not clearly residuals of phylogenetically acquired tendencies necessary to man in

his efforts to acquire and defend his foodstuffs, his love-objects, and his family? The well-known lioness protecting her cubs becomes ferocious when anyone comes too close to them. However, are we dealing here with hostility, destructiveness, or desires to annihilate? Or are we actually dealing with impulses to defend and preserve life? What here leads to actual destruction of another life is unequivocally determined by a drive to life. Furthermore, under what conditions does an animal generally attack? A hungry animal attacks, as does an animal anticipating attack—again always in the service of self-preservation.

Furthermore, I see no different picture in deep analyses. Of course, we find inordinate fury and destructive impulses in the course of analysis of even the most placid and decent people. Why do we not then recoil in horror? Why is it that the better we understand the patient, the easier it becomes for us to feel with him? Probably this happens because we realize that all this fury has, or has had, a real basis in the patient's experiences with insults, frustrations, and above all with anxiety. Clinical experience shows that when these grounds cease to operate and the intensity of unconscious anxiety has been reduced through analysis, these patients lose their tendencies to hostility. Not that these patients become particularly good, but their unconscious strivings are no longer directed toward destruction, and they become active in their own behalf, assume responsibility for their lives, are able to make requests, assert themselves, work, acquire possessions, and defend themselves. We know that we cannot be magicians, a fact which Freud was the first to emphasize. We would not be able to mobilize life-affirming forces if they were not there in the patient from the beginning; only under the stress of

anxiety and dammed-up libidinal drives have they turned into destructive impulses, sadism, and cruelty.

It would be ridiculous to suppose that Freud had not seen these connections, since he was the one who first taught us to use them. The inference to be drawn from his thesis is, however, that destructive drives, which are of necessity directed to the outer world, are triggered off by insults, frustrations, and anxiety which bring to light an unalterable, innate, constitutional, instinctual drive to destruction. He postulates a given human tendency to be provoked to animosity, hostility, and destruction, which seizes every opportunity to discharge itself in thoughts and actions. It cannot be denied that many events in the history of nations, as well as in the history of individuals, may, at first, give this impression. However, on analytic examination, amenable to verification, we find thoroughly adequate grounds for overt and covert hostility. This hostility disappears when these grounds are removed. It was Freud who also opened the way for understanding the frequency of man's innate predisposition to hostility. He showed us unalterable factors contributing to this state. The long period of the child's dependency and helplessness presents many opportunities for clashes between the child's powerful, continuous instinctual demands and the necessary, culturally imposed demands to inhibit these drives, and accounts for a residue of anxiety and defensiveness.

It is on analytic grounds, therefore, that I feel obliged to reject the thesis of the death instinct and an innate destructive instinct, as well as the thesis of innate evil in man. I do not in the slightest wish to replace this thesis with the claim that man is basically "good." As I see it, man is born with a vital necessity for self-expanding—a neces-

sity which drives him to grasp as much as he possibly can of life and its possibilities. Even our most frantic death-wishes and our strongest drives for vengeance are dictated by this will to live and this desire to obtain as much love, success, strength, and satisfaction in living as possible. In this framework, we would regard anyone as our enemy who stands in our way or who prevents us from achieving these ends. It is not the will to destroy that drives us, but the will-to-life that forces us to destroy.

And now to a consideration of the will-to-life and the inseparable anxiety about death which leads me to another unsolved problem in psychoanalysis. What, in Freud's thesis, becomes of the anxiety about death? Freud supposes that the unconscious has no concept of death or non-being and, therefore, he tends to deny the fear of death as a powerful force in our mental life. This thesis has always been unacceptable to me, as well as to many others. I would venture a conjecture that the denial of anxiety about death is accounted for by the death instinct in this way: we have no fear of death—on the contrary, something in the core of our being drives us toward death.

So much for criticism. From my remarks you will no doubt see that psychoanalysis is not a cult requiring that its adherents display blind allegiance to Freud's every word, although we have often been accused of this. To be sure, we are dealing here less with variations in the method of true scientific inquiry into facts than with differences of opinion over our emotional or, shall we say, philosophic backgrounds regarding the nature of man.

It is obvious, furthermore, that these differences extend beyond the field of theoretical problems in psychoanalysis and into the field of cultural problems. If we share Freud's viewpoint of innate

destructive tendencies in man, then we must be absolutely pessimistic about the inevitability of the explosions of these instincts in crime, war, and its atrocities, as well as in vicious interclass and international struggles for power. If we do not share Freud's point of view, there is left for us a primary—and maybe the strongest—impression that man is tragically and inextricably trapped in his relationship to culture, that man, more helpless than the beast, requires certain patterns of living which bind him to the culture so that he can exist at all. This would entail a variety of restrictions, changing in quality and quantity, on the sexual and aggressive drives. Man does not respond favorably to these restrictions especially in childhood; he perceives them as a threat and reacts with anxiety and a hidden capacity for hostility. So from this standpoint as well there is no rosy, happy-ending optimism, yet this represents a basically different point of view from that of Freud's because it contains some factors amenable to change.

Of course, cultural demands for curbs on instinctual drives are unavoidable. In this process, the individual becomes subdued and to some extent forfeits happiness and possibilities for happiness. To a certain degree it becomes unavoidable in the course of this curbing process that our sexual and aggressive drives may also be transformed into destructive tendencies.

In every observation of individual fates we find that the vital point in this inhibiting process revolves around this crucial question: Is the child being exposed to realistic discipline and are the necessary limitations conveyed to him without his being intimidated or spoiled? Or, is he growing up in an atmosphere rife with orders, prohibitions, threats and anxiety? *The basic emotional attitude of the parents is more significant than any specific method of child-rearing.* If the parents live under excessive pressures, they will in turn be forced to pressure their children. These pressures, if rooted in sexual frustration, may be manifested in excessive tenderness toward the child. Other forms of parental discontent may lead to overt or covert hostility toward the child. The less a child is burdened by superimposed pressures connected with the emotional problems of the parents, the less likelihood there is that he will suffer from destructiveness.

The next problem to be considered would be how to provide the child with more contented and less pressured parents. However, this takes us far beyond the field of psychology, and cannot be answered by focusing on a partial aspect of the problem—the institution of marriage. The problem leads us into two areas. The first is economic and political. Here we would have to investigate all the factors in the culture that could produce more favorable social conditions for the masses of humanity and would give them a greater measure of economic security. Establishing such conditions might mitigate the tragic struggle for existence to which the masses are exposed. If these goals could be achieved, psychologically speaking, we might then have conditions of decreased external pressures. Thus the masses would have a better opportunity for uninterrupted development of their vital forces. And the coming generation might grow up under less pressure.

In the second area we are concerned with woman and her specific pressures. As a mother, woman exerts such a decisive influence on the development of future generations that it is diffiucult to understand why there exists so little appreciation of the obvious fact that it is woman who has been, and is, living under special pressures. Here, again, we

have to consider that suppression or repression of the vital life-affirming forces in general, and the sexual drives in particular, must contribute to an increase in unconscious destructive elements. Hence, if the woman possesses greater inner security and is more self-fulfilled, she can become the strongest force in promoting the healthy growth of the younger generation.

This hope for the future may be an illusion. Nevertheless, the insights we have obtained from psychoanalysis into unconscious psychological processes are of such a nature that the realization of such a hope may be very logically anticipated.

Now, to summarize the most general conclusions of these observations. Struggle, in the sense of aggression has and will always exist. We accept that kind of aggression which is an expression of the will to live. According to Freud, aggression in the sense of various forms of mild to extreme destructiveness occurs inevitably in mankind and is as powerful as he asserts. At times this destructiveness is not overtly expressed, since the destructive drive is inhibited by civilization. However, if we adopt the view that destructive drives in man are not innate, but that they have been acquired under specific conditions, we then have to concede the existence of possibilities for reducing their intensity and extensiveness. These possibilities would have to be derived from the psychological insights which would delineate the exact influences fostering or preventing the growth of destructiveness. Such a project would be invaluable since the future of civilization, as well as that of man as an individual, might depend on how effectively we can deal with the threat that arises from this destructiveness.

THE DETACHED PERSON

A DISCUSSION WITH A PHENOMENOLOGICAL BIAS

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THIS PAPER attempts to describe some characteristic features of the detached person with what might be called a bias toward a more phenomenological approach. This is preceded by a discussion of certain psychoanalytic concepts which provide the background for this bias. It points to the trend in psychoanalysis that plots human existence against an ideal norm and thus conceives the human being mainly in terms of pathology, distorting the total picture by underestimating his vital, though hidden, humanness.

Inadvertently, but steadily, concepts of neurotic phenomena have encroached upon our image of normal man, man as he is, has been, and probably will be. It has become a tacit assumption that we are all "neurotic" in one degree or another. Our refined ideas of neurosis and character have quietly pathologized all men. Far-off primitives are sometimes given the halo of wholesomeness, but one suspects this is due to distance that will not reveal details.

Our inquiry into and discoveries about human nature fanned out from the vantage point of psychopathology before we knew much about normal psychology. Thus our insight into human nature became fused with psychopathology. This was a dilemma. There arose a need to define "normal." But then a worse dilemma was encountered. Was "normal" to be equated with

"average?" To do so seemed to be to apply social criteria rather than scientific ones governed by laws of human behavior. An attempt was made to establish norms out of existing hypotheses about human nature and the experience gained from the study of individuals. Thus, what was created as a norm was in fact a hypothetical ideal. The emphasis on the destructive potentiality of neurotic mechanisms lead logically to philosophical considerations concerning the relation of ethics and neuroses. The problem of psychic health and neurosis was seen as inseparably linked with that of ethics. At its extreme, neurotic dynamisms were equated with destructive forces and evil, and self-realization with maturity that implied a good and moral person. While these particular terms cannot be considered representative of the attitude of psychoanalysts in general, they are nevertheless a reflection of an attitude that is implicitly encountered everywhere.

These concepts neglect the fact that our so-called defensive structure is primarily a means nature has given us to adapt ourselves to the particular world we happen to have been born into. It is part of our equipment for survival and self-preservation and not a pathology. It protects, preserves, and creates. It stimulates growth in one direction and thwarts and stifles it in another.

I believe that once you start with an

ideal as your norm, it is inevitable that you end with an increasing moral judgmentalism. If you begin to look for beauty of form, you will suddenly see the ugliness of the misshapen. If you look for perfection, imperfections will throw themselves at you with disagreeable force. If you look at a picture from the point of view of what is wrong, you will note what is wrong before you have let it speak to you on its own terms. If we search the human being for his pathology, we are very likely to miss the human being.

Psychoanalysis deals with individuals. It tries profoundly to ascertain the meaning of things for the individual. It has shown that the world is experienced in large part subjectively, in terms of the totality of the person's being and experience. It has shown the profound effects of the person's early world, its people, its atmosphere, its many unspoken rules which the child absorbs, not consciously, but as something that just is—taken for granted. It takes contrast to highlight experience. Looked at from the point of view of the individual, behavior becomes meaningful only in the context of the person's world. A child may be naughty because it rebels against having to be good, or because it finally wants to provoke the parents into setting limits and into establishing a much-needed framework which will make living easier. Our analytic observations impress on us the need for relativistic evaluation. This is, as we know, also true of principles of technique. Active participation by the analyst, for instance, is experienced differently by a patient with a background of neglect and lack of attention than by one who has experienced intrusion to the point of suffocation. A neutral analyst can be felt as a blessing or a mountain of icy indifference.

However, this relativistic message of what we see, hear, and experience every day has caused a great deal of trouble. To me it spells the need for careful individual accuracy, for refraining from generalizations, and for separating the effect of action from motivation. To others it means moral relativism, a threat to the moral fibre of society. The difficulty here seems to me to be a lack of separation of the two poles of our existence: the meaning of the individual world on the one hand, and that of society on the other—a society which needs its rules and regulations as a framework of existence, without regard to the varying individual needs. We need a framework in which to live just as much as a child wants the security of a routine, no matter whether he balks at going to bed, or does not want to stop playing at mealtime. In other words, an understanding of what something means to the patient has nothing to do with the establishment of values in society. As we know, schools that have overdone trying to meet the individual needs of the child have been a center of destructive confusion; the child wants to know where he is at and does not necessarily appreciate the feeling that the answer lies in him.

Let me illustrate a difference in approach to this basic polarity—individual and society—by briefly sketching some thoughts of Otto Rank[1] and Erich Fromm.[2] Rank and Fromm started from the same perception of the polar forces moving man: the need for belonging and the need for separateness, unity versus individuality. Rank conceives this polarity as a movement essential to life, each with its experience of fulfillment that, however, leads on to the yearning for the other. Fulfillment of union mobilizes the assertion for separateness, and separateness stimulates the yearning for union. Fromm's description emphasizes the disequilib-

rium, man's existential split. He states that human existence is characterized by the fact that man is alone and separated from this world. Not being able to stand separation, he is impelled to seek relatedness and oneness. There are many ways in which he can realize this need, but only one in which as a unique entity he remains intact; only one in which his powers unfold in the very process of being related. Fromm states that it is the paradox of human existence that man must simultaneously seek closeness and independence; oneness with others and, at the same time, the preservation of his uniqueness and particularity. For Fromm the answer to this paradox is productivity; for Rank, creativity.

From here on however, they go in different directions. For Rank the essential of life lies in this interaction of polar forces: A backward and forward movement, an ever-present quality that by its cyclical complementariness is basic to our existence. This duality is nothing one can analyze away, nothing one can adjust, but it consists of forces that one can learn to appreciate. We have to learn to live with our conflicts and splits, for their removal would eliminate the actual springs of life. The more truly the ambivalence is accepted, the more life, or possibilities of life, will be open to the human being.

Fromm emphasizes man's need to overcome disharmony and establish unity and equilibrium between himself and the rest of nature. Man, Fromm says, attempts to restore this unity and equilibrium in the first place in thought by constructing an all-inclusive mental picture of the world to serve as a frame of reference from which he can derive an answer to the question of where he stands and what he ought to do. Fromm mentions religion as one such framework, but this, to him, is an irrational one. He believes that the mature, productive, rational man—that is, Fromm's ideal of a man—will choose a rational system that does not imply dependence and irrationality. Man must have ideals for guidance, he says. Fromm knows that ideals can misguide, and this is why he asserts that we cannot afford to be relativistic. Ideals must be judged with respect to their truth, the criterion being the extent to which they are conducive to the unfolding of man's power, and the degree to which they are a real answer to man's need for equilibrium and harmony in this world.

Fromm's intensity is directed at exhorting man to change, and to come to his senses sufficiently to change society as society again molds him. Fromm overpaints the blackness of society, as well as the robot responses of the individual. He gets caught, somewhat desperately, in his own pessimistic view of each, as he is totally aware of their dynamic interdependence, hoping beyond hope that reason will penetrate our robot deadness. If, however, we are as dead as he says we are, one cannot see how he can possibly hope for anything to be effective.

I mention Rank and Fromm as examples of modes of approach to the human being. Fromm may overstate his case. But as yet psychoanalytic thinking is governed more by the impulse to discuss individual adjustment in terms of well-defined norms, of ideals, and of equating neurotic with destructive, than it is by a fundamental acceptance of genuine conflict, of opposing forces that want their due.

I want to repeat that thinking in terms of abstract, isolated, ideal norms leads to a moral evaluation and an essentially pessimistic view of human nature. Horney[3] too tends to define layers and layers of defensive propositions of pseudo-selfs, and analysis was

to her an essentially disillusioning process. Again, let me use Rank as a means of contrast. Rank in seeing neurosis as part of the individual's fight, as a battle not yet won, speaks of the strength of the conflicted individual rather than of his weakness. There is respect and appreciation for the individual's modes of dealing with what, to Rank, are existential conflicts, so that his books seem a eulogy rather than an accusation of the sick individual. Rank admits he overstates his case, but he does it as a rebel.

The ideal norm does not give the individual much leeway for existence. Spontaneity and relatedness and love tend to be so narrowly defined that, despite the fact that self-realization and actualization and developing one's potentiality are the central words, individual ways of being are often discouraged, and, labelled neurotic and self-destructive.

There is no symptom or character trait that does not tell a human story— a story of suffering, of struggling, of coping, defending and attacking. Analysis has to aim initially at self-acceptance arising out of understanding and appreciation of this story. Change comes out of a growing inner awareness of one's vitality and strength, out of a growing hope, which emerges once the shackles of deep-seated resignation have been loosened. A verbal bias that gives the aura of unacceptability to certain behavior or feeling handicaps the unfolding of the story, and is detrimental to the therapist's understanding. More vital functioning arises out of the deeper springs of living, not out of intellectual compliance with what is known to be "right." It means a freeing of our creative ability to design our life in greater harmony with our own needs, our individual needs, not those that are defined in books. Any creative

endeavor does require some feeling of choice. The ideal norm does not give any choice at all. You cannot be a beatnik, a missionary, or a revolutionary. It envisions only a well-adjusted, mature person with a good relation to himself and to humanity.

The delightful Alan Watts[4] remarked in a discussion following one of his recent lectures that he did not want "to tell people how to live; if they wish to drive their car with one foot on the gas and another on the brake, this is all right with me. It is their concern." I am likely to use a similar phrase with my patients, but I feel his is more apt than mine. Patients have dreamed exactly this dream, and as an attitude to life it not only means that they are afraid of using gas without braking, but also that they have evolved a system that is geared both to their wish to step on the gas and to their need for caution. Choice and finding oneself may be the same. But the word "self-realization" has often another connotation. This comes to the fore in the idea of developing one's potential, and such phrases as the moral obligation to do so. The word is "potential," not one's own way of life. The idea that there is a given potential in us which should be freed never quite sounds right to me. I can well imagine a person choosing a rather unspectacular but peaceful way of life, which need not involve the development of his potential. Man's potential as a human being is enormous. It is the reason for his incredible adaptability and a source of his capacity for survival. Man as an infant can be placed in almost any cultural setting and develop different latent potentialities. Thus I view man's tremendous potential, often untapped, as a source of man's capacity to live and adjust to circumstances in ever changing ways. I don't keep anybody

from developing his faculties if these obviously knock on the window and want air and space. But I do not see it as a moral obligation, or as an inevitable link to the core of neurosis.

With the emphasis on self-realization usually goes a warning against conformity. Conformity becomes an evil word. However, we cannot afford to condemn this phenomenon of society because it causes some trouble for some individuals without giving thought to its function as a stabilizer of society. Our increasing individual problems have to do with the rapidity of social changes, with the disappearance of deep-rooted traditions that in one way or the other have provided a framework of existence. There used to be some continuity between the child's world and the one he stepped into as an adult. Now this continuity is lacking. We do need a framework of behavior, however, and varying styles of conformity are trying to function as the needed substitute. Patterns of behavior have always existed. The fact that modern patterns are less rooted, that they are subject to crazy currents arising suddenly, sweeping furiously, and disappearing just as abruptly, makes them of course more superficial. They are more superficial, but as a means of facilitating the outer aspects of living, as a means of establishing some group identity, some feeling of belonging, they are an expression of the need for a framework of existence. They are no more and no less of a source of conflict than other patterns of society have been in the past.

These remarks are an essential backdrop for an understanding of my particular emphasis in portraying features of the detached person. My discussion is selective and arises out of a therapeutic concern. I will not stress the symptomatology, the meaninglessness,

the despair, and seeming shallowness of relationships. I will stress life where it is reflected, rather than where it is absent. This selective emphasis directs itself against a therapeutic approach that focusses searchingly on the so-called defensive structure without recognizing the danger of throwing the baby out with the bath. This danger is particularly present when dealing with detached persons. The danger lies in the fact that the detached person takes to an analysis of his defensive mechanisms like a duck to water. He is eager to perfect his front and keep his more vulnerable self hidden. The analysis can become part of the defense. The detached patient communicates by various refined methods of indirection. The pertinent material is hidden or at the periphery of his tale rather than in the center. The presenting material is a decoy to deceive and not be taken at its face value. This is, of course, no conscious game of the patient. He himself becomes the deceived victim of his own camouflage. It is thus of particular importance that the therapist understand the coded language and see the person behind the screen. Once the therapist has made acquaintance with the secreted human being, he is in a much better position to tackle the defensive techniques, whatever they may be, and he is in less danger of having the patient use analysis as a means of staying away from life.

The detached person is a rather vague category. The word means only someone who is not a functioning, interacting part of the life he is supposed to be part of. He seems to stand aside, look on, and observe, but with the basic attitude of an outsider. I do not wish to define the term more precisely because it is a term frequently used and one that encompasses a large group of varying individuals. I do not make a

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differentiation between self-alienation and detachment. I am not challenging the usefulness of this descriptive classification, but it hinders rather than helps the presentation of the particular points I wish to make.

Rollo May[5] in the introduction to *Existence,* a book of importance in the history of psychoanalysis, describes the isolated, lonely, alienated type as characteristic of people as a whole in our society. Rollo May refers to David Riesman's *The Lonely Crowd,* to Kafka's *The Castle* and Camus' *The Stranger,* as a few examples of our concern with this phenomenon. I would like to take Camus' *The Stranger*[6], a book I am very fond of, as the prototype of the detached person I have in mind. In the obituary editorials on Camus, *The Stranger* was called the "Outsider" in, I imagine, a spontaneous translation. This translation appealed to me. The word *stranger* in English elicits the double association of estrangement from self as well as from the world. The book, however, definitely describes the experience of an individual to whom the ways and rules of the world do not make sense, not out of confusion, but because he feels people are living by hypocritical or meaningless cliches that do not jibe with his sense of perception. The murder is an incidental happening and is not meant to prove the inherent destructive potential of the estranged. The trial is a means of showing the irrationality of the world and its estrangement from simple human truths, rather than an emphasis on man's existential guilt. The narrator, the stranger in contrast to the world, is trying to be truthful to himself, even if he can assert no more at any time than he feels at the moment. At the end of the book he bursts out in rage at the chaplain who is trying to force religious consolation on

him. He says: "He seemed so cocksure, you see. And yet none of his certainties was worth one strand of a woman's hair. Living as he did, like a corpse, he couldn't even be sure of being alive. It might look as if my hands were empty. Actually, I was sure of myself, sure about everything, far surer than he: sure of my present life and of the death that was coming. That, no doubt, was all I had; but at least that certainty was something I could get my teeth into —just as it had got its teeth into me."[7]

The Stranger is not a book about a typically neurotic individual. It is about a simple human being's experiences with the world as he sees it. The book was published in 1942. Hitler and Hitler's Germany had left few strands of human idealism intact. They had shown the corruptability of human decency. Human lives were tossed about in fate's whirlwind, expendable without meaning. The book describes an individual who has resigned himself to the meaninglessness of the big ideals in life—God, ambition, love—but who asserts the dignity of the human being in the intense, sincere experience of the simple moment.

The narrator does not describe himself as an unhappy, despairing person. On the last page he says: "It was as if that great rush of anger had washed me clean, emptied me of hope, and gazing up at the dark sky spangled with its signs and stars, for the first time, the first, I laid my heart open to the benign indifference of the universe. To feel it so like myself, indeed, so brotherly, made me realize that I'd been happy, and that I was happy still."[8] The portrait given us with this book should make us more cautious about our neat little categories of mental maturity. The man whose picture is drawn demands respect. He has lived his life in his own way and of that way

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he was sure. He wants to be cried over as little as he feels any one has the right to cry over his mother's death. Camus writes: "With death so near, Mother must have felt like someone on the brink of freedom, ready to start all over again. No one, no one in the world had any right to weep for her."[9] While the portrait is one of a detached, seemingly indifferent individual, it is also one of a man grappling with integrity and the dignity of human existence. While there is resignation, there is an aliveness to the details of the moment. While a meaninglessness of the world is experienced, there is also happiness. It is the human picture of a man grappling with a world that is more distinguished by its nonsense than by its sense.

There are as many different portraits of detached people as there are detached people, but some features of Camus' novel have the ring of a familiar story often heard: the sense of isolation, of a distinct division between the world of personal perception and the world that others seem to be ruled by. The detached person is observant and learns the rules, the words, and the main manners of behavior, often he learns them exceedingly well, but to him their significance lies mainly in the fact that this is the way things are done. They are not questioned for meaning or pertinence to himself as the world never seemed to be the kind of place that warranted that kind of question. Such persons often gifted, drift along with currents that happen to carry them, with an absence of self-direction. If luck has it, they stay close to a soil that they can live on, but often they suddenly find themselves adrift on some barren shore that is incompatible with their minimal needs. All this has been often described. What I wish to emphasize is that this particular related-

ness to the world, while it has features of a surface conformity, of dependency, of lack of backbone, of self-indulgence, of influenceability, is to be understood out of an appreciation of the explicit separation of the private world of meaning and the world at large which demands certain behavior, but which is basically too senseless, too full of false values, too full of discrepancies ever to be approached from the point of view of continuous, meaningful experience.

A woman I saw in her thirties, a typically detached person who had gotten herself into quite a mess by drifting, showed me a letter she wrote to her mother when she was about sixteen. It was a desperate attempt to break through to her mother, to get herself across. It begins: "Your last letter made me cry helplessly because our relations are so hopeless. I'll never, never, not in a thousand pages, explain how I feel. If I did get through explaining you won't believe me and would probably wish I had never been born. I'm attempting an impossible thing . . . . but I've never seen such a mess in my short life as the one into which you and I have gotten ourselves. Well, now we've reached a dead corner and I'm turning backwards. Remember I am not you . . . ." The person then tries to explain herself with ardent intensity on four typed pages, single-spaced. She describes what various incidents had meant to her and how she felt her mother had misconstrued them. The last paragraph reads: "This letter has taken me three hours to write and I have been crying most of the time I was writing it. You will probably never get such a letter again. If this does not succeed—if things go on in the same old way—I shall not try again. I'll be through trying to understand and be understood. I'll be an agreeable—or disagreeable—stranger to my family."

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There was, of course, no change. The girl was not only through understanding, and being understood by her family, she was not only a stranger to them, but she was through with the world and was a stranger to it.

This is an illustration of the often very conscious experience of resignation, that communication of more vital, subtle personal feelings is hopeless, that people are interested only in their own image and its confirmation, and cannot or will not grasp the world of the other. At other times this is not a conscious experience, but just a fact of life which they have absorbed and are taking for granted like millions of other facts about their existence. This conviction comes from solid, long-lasting experience. To them it is a fact of life. It is not neuroticism.

Life can be relegated to underground chambers, but it cannot be done away with. The inner self, the inner springs, are always there even when the surface shell seems devoid of the more obvious personal self. I want to describe some of the ways this self is manifested in persons who have compartmentalized the private and the outer world. The phenomena I will describe are basic human phenomena, but of particular importance in what I am referring to as detached persons. I was first puzzled about my observation that many, though not all, of these persons have a marked inability to use the "I" form of speech. They observe other people minutely and comment on their actions and feelings with great vividness and clarity. Their descriptions sound either like those of a person looking at life through a one-way screen, where they can see and hear without being seen or heard, or, if they are obviously involved themselves, it is an involvement by others, as if no dynamic import emanated from them.

They observe my behavior toward them, for instance, but without experiencing themselves as the agent that may have provoked my reaction. At my request, a very detached patient of mine once brought me a list of phrases she remembered I had voiced in her direction. They were disconnected phrases, out of context, a meaningless jumble. I remember making some of them in jest, some to be deliberately provocative, some in a serious attempt at explanation, some in light, inconsequential conversation. But here they were, all mixed up, sometimes just a word. No wonder she complained that I was confusing and inconsistent.

My next observation was that a detached person's tale about others, particularly the vivid ones, are about himself. This is usually referred to as projection and indentification. Both mechanisms seem equally involved. However, this phenomenon of experiencing ourselves in others is much more universal than is usually conceded. Others are like a drama that suddenly gives form to an unassorted mass of experience. We know exactly how another feels and, seeing an experience thus demonstrated, feel something more clearly outlined in ourselves. Rank[10] appreciated this mode of learning about oneself. He stated his doubts about the extent of self-awareness we can achieve through introspection. He stated: "Introspection seems to be one of man's more recent and unnatural acquisitions, unsuited to the attainment of subjective self-awareness. It is more natural for man to project his own mental life on others than to learn about it through introspection."

This experiencing through others is most subtle. It is a searching for the like-minded, the responsiveness to a part in another that corresponds to a part of oneself. Here it is not a ques-

tion of distortion, but a fascinated observing and, often, a dependence on finding oneself reflected in the life around. Different-mindedness may be experienced as a threat to one's own sense of existence and may be met with desperation, fury, and anxiety. This occurs not because one is particularly attached to the other person, but because one exists by a mirror image of oneself and difference is experienced as a removal of one's mirror and thus of one's medium of living.

This form of self-experience is very common in detached people who have removed their more private selves from the arena of everyday living. I would like to emphasize that I do not consider this form of experiencing oneself through others as a pathological phenomenon. This is, as Rank says, probably our main natural mode of self-perception. However, problems arise when the person has compartmentalized his inner self to the point that outer experiences cannot be related back to himself.

Another way of experiencing oneself in an outside medium is through literature. I have a number of patients who have been voracious readers, and whose story of themselves has to be gathered from books or poems they cherish and remember. The author or the poet caught their drama or their mood. While such a patient cannot tell me his experiences in the first person singular—in terms of "I"—he will tell me stories that have deeply impressed him. I have encountered one patient with a fabulous memory of poetry. He may start quoting Chaucer, then lines from Yeats appear, then some from Eliot, the Bible, or Shakespeare; but invariably he tells a rather deep, meaningful story about himself if I simply accept his means of experience and expression. In other words, I do not fight against this

existing medium; I accept it as being the one closest to the patient. The patient knows I listen to these productions as an expression of himself and gradually, after initial protests, he too cannot escape the experience that a coherent story is being told, with repetitive themes he recognizes as concerns of his.

Another medium, more accepted in our society, is that of creative dramatization. Some of my very troublesome detached patients were writers, or developed into writers while in analysis. While associations in the hour seemed meager, response to interpretation poor, conscious insight almost nil, they put forth in their story or drama a human wisdom, a depth of experience that elicited my awe and respect. It always seemed to me discrepant or foolish to tell this kind of person anything, as somewhere in himself he knew it so much better. The plays or stories contained insights that, on the analytic level, we did not come to until much later. These creative productions taught me more than anything else not to underestimate the richness of life within, even if the shell or facade seemed shallow or even void.

Not all patients have creative talents that allow them to give artistic form to the richness within. But once alerted I began to pay more attention to the creative medium that lies in all of us, the medium or soil out of which fantasies and dreams grow.

I realized that detached people are often best understood if one conceives of their experiencing life as a stage where their life drama is acted out. This acting-out is subtle rather than outwardly dramatic, as the facade is often very reasonable. Only after long acquaintance does one realize that people are reacted to not so much as alive beings, but as symbols of certain images.

This is a reflection of the aforementioned separation of the outer world and the inner world of meaning. Such patients may be reasonable and conscientious in analytic therapy, yet what has been said seems to go in one ear and out the other, leaving no discernable mark. But in spite of slight progress, there is little discontent. Some sence of disturbance, however, is experienced if discontinuation of the analysis is raised as a possible course of action. The patient may have reacted all along to something of importance to him: a sense of warmth, a face with lines of suffering speaking of experiences similar to his own, the experience of concern for him, an individual to banter with, or a parent to lean on. However there is no meaning in these experiences beyond the pleasure of the moment. It is pleasant to watch a person rooting for one. It feels good. When it is over, it is over without significance. This imagery, however, reflected in his behavior toward others, is of importance in our understanding of him. Images are assigned to himself and others. All roles or images, however, are aspects of himself. The main themes are very persistent. It is the repetitiveness seen in dreams where one symbol embodies different aspects of the story. The themes are invariably linked to the world as it was experienced in childhood and adolescence, the adolescent world usually being a continuation of the childhood world.

One patient, very remote and sparse in analytic productions, had one recurrent emotional reaction best described as "poor John." He was only occasionally and vaguely aware of self-pity. More often and more distinctly he felt pity, compassion for the befuddled, confused, the caught, and helpless individual. This extended also to "poor Mary"; that is, this identification had no sex barrier. This response was by no means necessarily appropriate to the situation, nor did it seem particularly designed to be actually helpful to the individual. I once described his responses as that of a man who bewails the fact that another has fallen into a hole too deep to get out of by himself, without extending a helping hand. Still, this was one of the few powerful emotional responses present and its persistence spoke for its importance. A dream and other associations helped to disclose some of the emotional currents that seemed to find a vital outlet in the symbol of "poor John." It contained the story of his childhood—the loneliness, hopelessness, and wish for a sympathetic helping person. It told of his interest in becoming the helper of delinquent youth. It contained his resentment toward the world, for one of his trends contained the protest: "You cannot and will not help, but I will." The "I will" reflects ambitious and assertive desires. Thus, the "poor John" contained in a nutshell his lonely lostness, his wish for help, his accusation of the world, and his assertion in it.

Another equally detached, though outwardly more sophisticated, individual persistently had a reaction of great concern when critical of his superiors. He chided himself for his dependency, but I took this with a grain of salt as I felt he had a distinct preference for seeing himself as a dependent "schnook." The image accompanying this experience differed from the more conscious complaint. He saw these people as weak. If they had a weak heart they might die, if they were insecure they might collapse. He felt he had to protect them, hold them up, and he felt that if he turned on them he would demolish them. The story behind this image was one of his boyhood: A father who died

when the patient was five; a memory of the mother blaming him—by implication—for this death; memories of threats that he would be put in an orphanage if he did not behave; the attachment to a stepfather who died in the patient's adolescence; a mother who had her own stage-set world, in which the patient learned to play his assigned role. Thus the recurrent image contained the feelings of the little boy who needs a father, the awareness that the father may perish, the fear that aggressive behavior might demolish his framework of existence, and an awareness of his strength to demolish if he so chose.

I am emphasizing this condensed, symbolic way of relating to human experiences because I believe it to be a common way, among others, in which we relate to people. As a predominant way of relating, it causes, of course, no end of troubles, as others are related to not for themselves, but as pawns of the image. Therapeutically, it is important, as it provides understanding and access to very remote individuals.

I wish to make one more point. There is a power and tenacity in this form of experience indicating that it serves a tremendously vital function for the individual. Many of the individuals I have spoken about live with a surprising degree of outward equanimity, considering the paucity of their lives. As mentioned before, changes in life and analysis may often release a vital individual, with a surprising degree of creative self-expression. Insofar as the experiences described above reach to the core of the individual, they are a means of self-representation, a means of contact with the ground of their being.

It is not my intention to underplay problems, conflicts, or maladjustments. They are part of our human existence. I am not disputing the existence of defensive mechanisms of various sorts, nor the powerful role of anxiety in our personality development. I have tried to emphasize some features less often mentioned because I feel understanding them helps toward a greater appreciation of the conflicted individual.

I have tried to present my story neither in terms of pathology nor in terms of ideal norms. I have attempted to describe certain phenomena as life-preserving, as well as life-stagnating. They are not either, but both at the same time. Both existentialists and Zen spokesmen emphasize that it is not only a matter of the coexistence of good and evil—the constructive and the destructive—but a matter of both being two sides of the same coin. People are never just neurotic mechanisms. Neurotic behavior invariably tells a human story of suffering and of protest or resignation. Often it is an expression of a vital self-assertiveness, even though its means seem ineffective. The vital self is always there. It may be bound and obscured in symptoms or behavior, but the human story is there. It is, I feel, our vision that has to be improved, so that we can recognize the story in the many ways that it is being told to us.

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DISCUSSIONS

ALEXANDER REID MARTIN, M.D., New York: I appreciate this opportunity to discuss Dr. Eckardt's paper, and I want to thank her for sending it to me in time for careful study. I hope my comments will do justice to her thoughtful work on a subject I regard as profoundly important, not only to psychoanalysis, but to all students of our modern culture.

Addressing myself to the first part of the paper, I heartily endorse the clinical approach Dr. Eckardt advocates. Unquestionably, because of our preoccupation with pathology and our basic orientation in pathology and in disease, we approach the patient looking for illness, rather than health. There is growing evidence that this negative approach is gradually disappearing. Hitherto, we have been dedicated to Aesculapius, the God of Medicine, but now we are turning more toward Hygeia, the Goddess of Health. Once preoccupied with pathology you become judgmental. You begin to equate the unusual with the eccentric, and with the eccentric you go from the neurotic to the destructive. And who is to say what pathology is? I would remind you here that the history of surgery 125 years ago shows us that what was referred to as evil, ugly, and foul, and was rejected and repeatedly removed by forceps because it offended man's esthetic and his moral sense, is now referred to as laudable pus. We should remember this in our approach to our patients. How many of nature's early attempts to cure, nature's early attempts to overcome emotional difficulties, to promote awareness, greater consciousness and self-expression—how many of these today are rejected because we regard them as wrong, evil, immoral, and bad? How much pathology results from our disapproving, ignorant, impatient, and repeated interference with nature's early attempts at cure. None of our psychological devices, strategies, maneuvers, defenses was invented by man. Circumstances were such that he was driven to use them. Nature provided the individual with various means to assist him in the struggling process of self-realization, self-fulfillment, increase of awareness. Many of these are temporary expedients, crutches, which we approach with respect in order to study them. This does not mean that we perpetuate them. The very universality of detachment surely indicates that it is one of man's commonest and perhaps most helpful ways of dealing with emotional difficulties so that healthy growth can proceed. We have to find out what nature is doing (and this includes our own nature), and go along with it. Our patients should feel and should learn implicitly from us that we respect crutches, but that we are not in the crutch business. I think of two dangers that arise in regard to detachment that are true of other strategies and deviations that patients resort to in order to surmount or overcome their difficulties. One is the danger of our perpetuating detachment beyond the point of its real usefulness to the individual. The other is the tendency of the individual to glorify and turn his initially helpful crutch—his detachment—into a virtue.

You will see from what I have just said that I strongly support Dr. Eckardt in her discouragement of moral judgmentalism, of making value judgments of meaningful, purposeful behavior, and pathologizing symptoms and signs that represent stages in the individual's struggle toward healthy growth.

This whole business of values has become very controversial, and I think we have particularly to be on guard against evaluation out of context of the patient's totality, and/or compulsive evalution. I agree entirely with what Dr. Eckardt says about psychobiological need for conformity. As I see it, the individual is born in the world with a sense of rhythm, a sense of pattern, some degree of integration. Our main concern should be with compulsive conformity.

Returning to the whole problem of values, I would remind you of Freud's likening analysis to archaeological research. It is helpful to approach the patient to some extent like an archaeologist toward

what is being unearthed and uncovered. To begin with, it is not so much what we find, but what we help the patient to find in the course of his voyage of self-discovery and his excavations of himself. Everything that turns up has value in trying to construct his early buried and unconscious patterns of behavior. We are interested in helping the patient to see the dynamic interconnection of all his early formative patterns, just as the archaeologist uses everything that is uncovered to learn how man lived in the past. He can step out of the role of archaeologist and become judgmental, esteic, or moralistic; he can admire a certain vase, and express approval, disapproval, or disgust toward some one thing that has been unearthed, but as an archaeologist, each piece has equal value in trying to reconstruct the buried, dynamic patterns of living.

I never realized until I read this paper that there was so much of Rank to agree with. In other words, I find myself ranked with Rank and going further from Fromm.

I particularly appreciate Dr. Eckardt's drawing our attention to Rank's positive, constructive attitude toward human conflict. In this part of her paper, she moved into an area to which I have given a good deal of thought; that is, the connection between healthy friction and creativity. I cannot subscribe to the idea of a fundamental movement of man toward homeostasis and equilibrium, any more than I can subscribe to the idea of a death instinct. It is not only a matter of reconciling ourselves to living with our conflicts; it is from these conflicts, this friction, that the spark of life arises—inspiration, imagination, creativity. Whitehead said, "Man is the only animal that has built restlessness into a metaphysical principle." I am strongly convinced that discouragement and avoidance of healthy friction in the course of a child's upbringing creates a vicious circle, induces great feelings of weakness, as a result of which there is increasing inability to face and feel inner conflicts. There is a couplet which helps to clarify the situation as I see it

"Oily smooth Togetherness remains in total dark,
" 'Tis active Friction's brisk rough rub creates the vital spark."

Apropos of Fromm's emphasis on equilibrium, and also apropos of what will come up later regarding Camus and *The Stranger*, I would draw attention to a wonderful line in Graham Greene's play, *The Potting Shed:* "When you are not sure, then you are alive." Bearing these lines in mind, we see the basic and frightening truth of such phrases as "dead certain," "dead right," "dead center."

I wish when Dr. Eckardt was reminding us, à la Rank, that we have to live with our polarity, ambivalence, complementation, that she had introduced the idea of friction. With every facing and feeling of healthy conflict, whether in the outer world or the inner world, the individual feels strong and better able to face other conflicts. It seems to me that if friction can be faced at a healthy level, the likelihood of explosive friction becomes lessened. As we learned to our cost in the outer drama, it seems to me it must follow in the inner drama, that avoidance, appeasement, and repression of early healthy formative conflict leads to greater destructive explosive conflict and friction. Arthur Schlesinger, Jr., well aware of the extent to which this attitude toward all conflict prevails in modern American culture, refers to it as "the bland leading the bland."

My final comment on the first part of the paper, which is a natural sequence to my thoughts about our need to feel and face our conflicts, would be to ask for a change of emphasis from the pursuit of happiness to the happiness of pursuit. I say this because it seems that a natural corollary of any desire for equilibrium, perfect balance, or freedom from conflict would be to wish for the happy ending. I think we are suckers for the happy ending idea. Instead of a good ending and concern for the future, we should be thinking of good going and appreciate the present. Hence, my comments about the happiness of pursuit. And pursuit here, of

course, is pursuit of the truth, which, I remind you again, is a direction and not a destination.

Coming to the second part of the paper, here I regret to say I found myself on uncertain and unhappy ground. The first part of Dr. Eckardt's paper had prepared me for something different, and I think what particularly misled me, or what confused me, was her sub-title, "In Defense of Present-Day Man." I saw plenty of defense of present-day man in the first part; not so in this section.

First of all, the phrase "detached person" troubles me, because here we single out one characteristic and present it as if it represented the absolute totality of the individual. I would prefer to think relatively of persons who habitually use detachment as their mode of adaptation. This would particularly apply to the patients Dr. Eckardt mentions and the ones we see in everyday practice. "Detached person" suggests an exclusiveness which could make us overlook other dynamic elements in the total personality.

Dr. Eckardt decided to make no differentiation between alienation and detachment, and referred at the outset to the "detached person" as a vague category. A great deal, therefore, hinged on what Dr. Eckardt decided to use as her prototype and she chose The Stranger of Camus. Many difficulties confronted me here, which may be due to my failure to catch Dr. Eckardt's meaning. First, I was not at all clear what The Stranger was detached from. Certainly he was not detached from outer conflict, because Dr. Eckardt spoke of him as a man "grappling with the world that is more distinguished by its nonsense than sense," and "a man grappling with integrity and the dignity of human existence." Perhaps she saw The Stranger as detached from the meanings and values of the outer world, because to him they were meaningless, but I could not reconcile this with this picture of him: ". . . while there is resignation, there is an aliveness to the details of the moment."

We must remember that The Stranger was written in 1942, at a time when Camus

was to some extent a victim of the French form of existentialism, which was highly intellectual and involved a practical denial of the unconscious. The French variety of existentialist was spoken of as "alienated beyond alienation from the unconscious." Having reached this point, the French existentialist then proceeded "to explore the delicate involutions of consciousness, the microscopically sensuous, in order finally to create the theology of Atheism, and so submit that in a world of absurdities, the existential absurdity is most coherent." Throughout The Stranger, and in Dr. Eckardt's excerpts, we find great preoccupation with "meaning" and whether or not "life makes sense." In other words, the defensive intellectualism of The Stranger stands out. I say defensive, because the repeated assertion, quoted by Dr. Eckardt, that he was sure of himself, sure about everything, sure of life and death, to me indicated that he was denying his unconscious and his emotionalism. In other words, all his "grappling" was on an intellectual level and the so-called "aliveness to the details of the moment" was an aliveness to the intellectual details of the moment, and this would seem to be an intellectual experience of facing the meaninglessness of life. I am reminded here of William Faulkner, who in his Nobel Prize address some years ago attributed our decline in creativity to our forgetting "the problems of the human heart in conflict with itself." The Stranger seems to have forgotten the problem of the human heart in conflict with itself, and has concentrated on the problems of the human mind in conflict with itself.

A few days ago, in The New York Times Book Review Section (February 21, 1960), I read Camus's last statement on existentialism: "Existentialism in France leads to a Godless theology and to a scholastic dogma which tends inevitably to justify regimes of inquisition." In the same statement, he says he is no longer an isolationist politically, and adds, "One can refuse to be a fanatic and still continue to be a militant in politics." What he is saying here strikes at the heart of my argument

about detachment and involvement. Healthy detachment is when we are not compulsively involved. To be a fanatic is to be compulsively involved.

In defense of present-day man in this country, where democracy grants free expression and a free press, our strength lies in the fact that so much is out in the open; we are grappling with our mixed feelings, our contradictions, and our hypocracies. These are the days of the candid camera, the frank autobiography, and a daily press that constantly confronts us with our conflictual behavior. We can measure the weakness of a totalitarian regime, as we can the weakness of the individual, by the inability to face and feel inner conflicts.

Dr. Eckardt reminded us in the beginning of the value of facing and feeling conflict. Then she presented us with *The Stranger* as the prototype of the detached individual. I wish I could see the analogy to the present-day man; I see *The Stranger* as someone who attempts to resolve conflicts by an intellectual, reasoning, conscious process, who has to be sure, who cannot reconcile his world with the meaninglessness" of the outer world, and separates himself from it.

If we regard this process as detachment, then it refers to separation of worlds of meaning. *The Stranger* separates his world of meaning from the world at large, which he dismisses as senseless and becomes resigned and goes his way joyfully!

In my opinion, there is in *The Stranger* an over-evaluation of the conscious. Dr. Eckardt seems to subscribe to this and excludes the unconscious when she invokes the idea of "luck" as determining what happened to some of these gifted detached individuals.

St. Paul, in his Letter to the Ephesians, emphasizes "the vanity of the mind," which, he tells us, is accompanied by "alienation" and "blindness of the heart." This describes the type of detachment in *The Stranger* 1942, but it certainly does not typify the Camus of 1959. However, it does seem to typify the girl mentioned by Dr. Eckardt who wrote to her mother at 16,

constantly emphasizing that not in a thousand pages could she explain how she felt —all her emphasis was on explaining, understanding, being understood. This girl became resigned to the intellectual irreconciliability of her world and the "meaningless" world of her mother and remained detached or separated from it. (Sometime it would be interesting to consider the relationship between resignation and this type of detachment). What these individuals are detaching themselves from becomes clearer when Dr. Eckardt speaks of "persons who have compartmentalized the private and the outer world."

I am trying to make the point here that the need for compartmentalization seems to be based on intellectual evaluations and the individual's dismissal of a meaninglessness outer world "more distinguished by its nonsense than its sense." But as long as the individual grapples with this world, wherein lies the detachment?

Far more important than this separation of the inner and outer worlds is the deep separation within the individual himself, the compartmentalization of the individual from his own feelings. Dr. Eckardt begins to deal with this kind of detachment in the balance of her paper.

The inability to use the "I" form of speech, the first person, typifies the individual who is keeping away from his feelings. In the course of a very short conversation with one of my patients, I have heard him shift from the first person singular into the first person plural, then to the third person, and finally to the impersonal —all in a short space of time. This invariably happened when the patient had moved into an area where conflicting feelings about me were about to emerge.

We should recognize the universality of the ability to experience ourselves through others, the so-called vicarious living. It will occur when we have negated, denied or compartmentalized the emotional conflicts within ourselves. These conflicting feelings we deny in ourselves are projected on to others.

Experiencing oneself through others has also something to do with a persistence of

the early un-differentiation of the self from the non-self. The young child naturally invests you with their feelings and thought, and differentiation of self from not-self begins with the awareness of difference and the occurrence of healthy conflict and friction. As Dr. Eckardt says, in those living vicariously, awareness of difference is felt to be a threat to one's sense of precarious existence.

Vicarious living through others, and experiencing oneself in the outer drama and in literature, certainly are not neuroticisms. To invest others with our own feelings and thoughts represents a period in our growth of awareness. When we develop the strength to face and feel our own conflicting thoughts and feelings, we will recognize their so-called projection. In regard to literature and identification with individuals, such as occurred in the "poor John" story, we should certainly go along with this, as Dr. Eckardt advises. Sooner or later, the patient will begin to recognize his over-reactions as stemming from something within himself, or he will begin to catch his own overtones and the implications that the external drama has for his own inner drama. Because of the over-evaluation of the conscious that characterized French existentialism and seems to characterize *The Stranger,* and the consequent exclusion of the unconscious, I would remind you that the unconscious determines the individual's choice of story, and the external drama to which he over-reacts. I would also remind you that in doing so, the unconscious shows the remarkable and fantastic power of selecting those external elements that most appropriately dramatize that inner conflict seeking expression.

One thing becomes more and more obvious as we review Dr. Eckardt's paper: Regardless of what context, what external drama they find themselves preoccupied with, who or what enters into their conversation, in what voice, tense, or person they speak, our patients are always talking about themselves.

I think that what Dr. Eckardt has given us is an excellent defense of man's struggle to find himself and express himself and become himself. I wish she had made more

explicit reference to the constructive elements in our unconscious life, and that "the heart has reasons that reason doesn't know."

What *The Stranger* did in his intellectual life we have also to do in the emotional life: grapple with the human heart in conflict with itself, allow ourselves to become involved with our own emotional conflicts, but not compulsively so, allow ourselves thereby to become militant but not fanatic—as Camus put it in his last communication to the French public in which he denounced French existentialism as a departure from Kierkegaard.

In the legend of Ulysses and the Sirens, I come round in full circle to Rank and the need for conflict, to the individual who can grapple with his emotional conflicts, but not become consumed by them. I think this legend has deep overtones and deep implications for our present concern with detachment, for the so-called "detached person," and particularly for our defense of modern man. This outer drama has to be translated and appreciated as an expression of our inner drama. Ulysses was told that if he heard the song of the Sirens, he would be unable to resist them, would go overboard, and be consumed by them. He had everyone's ears stopped with wax except his own. He had himself lashed to the mast and he ordered his most trustworthy men not to release him when they saw him pleading and agonizing in conflict. Through this conflict he suffers, but he remains acutely alive. There is no deadness; he hears, he sees, but he is detached and does not "go overboard." We must carefully note that his capacity to suffer conflict accompanies and is intimately related to his capacity to depend upon and trust his subordinates.

This, in a sense, is the role that has to be played by the analyst. We have to possess the capacity to face and feel our emotional involvement with our patients. This capacity frees us from the compulsions and the fanaticism which would eventuate in our "going overboard." I say this because during therapy a constant seductive process goes on. A part of the patient wants us to

subscribe to his neurosis, and so we relate and address ourselves constantly to the whole patient—not only to his articulate periphery and not only to his so-called neurosis—and thereby we maintain our therapeutic detachment.

In defense of present-day man and his detachment, I am reminded of Thomas Mann's Hans Castorp in *The Magic Mountain*. For him, the real man, or Homo Dei, is "lord of counter positions." That is, he realizes he possesses emotional conflicts, but is never possessed by them.

FREDERICK A. WEISS, M.D., NEW YORK: This paper is important because it has grown out of the author's very personal and psychoanalytical experience. It helps us to re-evaluate radically some of our assumptions about psychoanalytic therapy, its goals, its methods and its effectiveness.

An enforced detachment caused by a sudden hospitalization deprives me at present of many satisfactions, for example, of being here with you tonight, but it also proved helpful to me. Having temporarily the experience of being a detached person myself, brought me closer to the feelings and problems involved in your paper.

I still like to distinguish "detachment" as referring mainly to the individual's emotional distance from others and the world, and "alienation" as "the remoteness from one's own feelings, wishes, beliefs and energies."[1]

There exists among psychoanalysts a kind of professional neurosis which has two main aspects: The first causes them to look primarily for the morbid and the pathological in the person, be it a patient or a candidate-in-training of a psychoanalytic institute. The second causes them to look at the patient, and particularly the detached patient, with some narrow, preconceived notions of libido or libido-withdrawal, archetypes or neurotic claims. The patient, however, is a suffering human being who, due to early lack of genuine love and acceptance, was forced to build up, for emotional survival, a defensive character structure. Behind the protective wall is an extremely sensitive self, which he will not expose to a world he experiences as threatening and hostile. He has withdrawn from others and from the world.

He has not only withdrawn, he is filled with basic distrust. He is convinced, as your patient was, that nobody cares, nobody understands him and that communicating his deep suffering to anybody, including the analyst, is sheer waste. He feels as the poet Moerike expressed it: "World, let me be! Do not entice me with gifts of love, let my heart keep its joy and its pain to itself."

"Shoulds" regarding mental health often prove more deleterious to human existence and human growth than neurotic "shoulds." Not too rarely we can observe an escape into pseudo-health in which the patient, in unconscious doctrinal compliance with the therapist, begins to talk about "giving birth to his real self," without any true change having occurred. Behind his vision or health, he has remained as sick and alienated as he was.

Let the patient speak in his own terms. His feelings and his behavior become meaningful not against the background of preconceived norms, but only in the context of *his* world. The first move the detached person makes out of his ivory tower is constructive, even if it takes the form of a homosexual relationship. The first assertive or aggressive move the self-effacing patient makes is constructive, even though it may still contain reactive-vindictive feelings. A hobby, such as bird-watching, selected initially out of an unconscious need to remain detached and to avoid people, became highly constructive in the life of a patient of mine when, with strengthening of his self and a growing capacity to relate, it developed into a meaningful endeavor and even into a bridge to the world and to people.

Many therapists feel impelled to emphasize the still-neurotic aspects in such steps, instead of welcoming them as evidence of the patient's growth. Such an approach paralyzes a patient's progress. It reflects the fact that the therapist himself is still under the tyranny of this theoretical "shoulds" and that he is not yet available

as a free, true partner in the therapeutic relationship, which is fostering the patient's self-realization.

The compulsive therapist who, driven by his furor diagnosticus or therapeuticus tries to intrude prematurely into the private inner world of the patient, will necessarily also produce a negative therapeutic reaction. What about the therapist who is basically detached himself? On first sight, he may appear as the ideal therapist for the detached patient. Actually, however, it often is not so much the respect for the individuality of his patient, but the therapist's own unconscious, unsolved conflict about close, interpersonal, and, particularly, sexual relationships, which leads him to idealize detachment. In recent years this occurs occasionally in the form of an ideology derived from Eastern philosophy, which minimizes the significance of interpersonal relationships and glorifies the "overcoming" of emotional and sexual needs. Working with such therapists will, of course, only perpetuate and intensify the patient's detachment.

What this patient needs most is, in the words of Edith Weigert, the "rediscovery of trust." This requires a warm, mutually trusting relationship in which the patient, as "different" and as sick as he may be, feels, often for the first time in his life, fully accepted as he is, accepted with those aspects of himself which early in life he had felt compelled to reject or repress. Only this enables him gradually to abandon his defenses. He will test the reliability of this acceptance and the trustworthiness of the therapist again and again before he risks emotional involvement. The "meeting" between patient and therapist as partners in a true dialogue (Buber) becomes the most important therapeutic factor on the patient's road to genuine self-acceptance and self-realization.[2]

No concept of "normality" is helpful to the psychoanalyst. The statistical norm, the average, often is farthest removed from emotional health, spontaneity and aliveness, as for example in our own culture which fosters self-elimination and self-anesthesia through shallow living and competition for success. And it is even more dangerous to start with the ideal as norm. This, like all utopian standards, prevents us from being and enjoying what we are while living in this world of ours. It fosters neurotic guilt feelings, self-contempt, and self-destructive attitudes.

Camus said about some utopian revolutionaries: "They reject the man of today in the name of the man of the future." This unfortunately also holds true with regard to many psychoanalysts. They unconsciously or consciously reject the patient because of his "neurotic trends," while any effective therapy requires acceptance of the patient as he is, but with full awareness of his potential for health.

Psychoanalytic therapy, as I tried to show in my paper "Psychoanalysis and Moral Values,"[3] cannot be interested in *absolute* moral values or in "adjusting" the patient to the *conventional* moral values around him which often are hypocritical, vary with time and place, and disregard the essential needs of the individual. Camus said: "I detest the frightful morality of the world, and I detest it because it ends, just like absolute cynicism, in demoralizing men and keeping them from running their own lives with their own just measures of meanness and magnificence."[4]

There exists, however, very much in contrast to conventional and absolutely morality, a "morality of evolution" (Karen Horney, Julian Huxley), whose criterion lies in the answer to the question: Is a certain attitude inducive or obstructive to growth and self-realization? It is similar to existentialist concepts of man which see the human being challenged by the call to realize his humanness. Existential anxiety occurs when we are confronted by the challenge of fulfilling our potentialities; existential guilt is experienced when we are denying or forfeiting these potentialities. Such failure to fulfill our committment to ourselves is, of course, no moral failure, but it remains an existential tragedy.

Is not a similar distinction necessary with regard to conflicts we meet in living? Yes, we have to accept conflicts inherent in life itself, such as the conflict between

our need to be only with ourselves and our need to be with others, or the basic existential conflict in which we have to ask ourselves how much of our "security," as illusory as this may be, are we willing to risk for our freedom to be, to love and to realize ourselves?

We must distinguish these conflicts, which are not only unavoidable, but which are the essence of any living which is more than vegetating, from neurotic conflicts which, far from enriching our life, narrow it down, and defeat and destroy us; conflicts, for example, in which we are torn by morbid dependency needs on the one hand and needs for vindictive triumph on the other, or between a compulsive need for omnipotence and self-glorification and an equally compulsive need for self-effacement and self-elimination.

If we want to be more than tranquillizing mental repairmen, we have to help our patients to become aware of and outgrow their self-blocking and self-defeating conflicts, so that they become able to want, to welcome, to be open to full living with its polarities, paradoxes and conflicts.

Psychoanalytic therapy is partly a disillusioning process, but it is at the same time liberating, due to the increase of self-awareness, in the sense of Kierkegaard, Nietzsche and Camus, who said: "I wanted to break the handsome wax figure I presented everywhere." (*The Fall*).

Dr. Eckardt says that a detached person often exists by a "mirror image of oneself." Experiencing oneself through the mirror image received from others is not pathological in itself, but if due to alienation from one's own feelings of self and identity, it is the *only* way in which one is able to experience oneself, I would consider it a deficiency phenomenon.

Full living requires maximum awareness and involvement. In Camus' *The Stranger*, however, Meursault is in a state of minimum awareness and involvement. Events *happen* to him: the death of his mother, the love of a girl, fight and murder. "It is all the same to me," he says again and again. No true feeling is experienced, no continuity of time and life, no self.

I believe that such state of self-anesthesia and self-alienation which we find today in so many of our patients expresses much more than the rejection of the hypocritical clichés by which the people around him live. It is his way of life, or rather *his way of not-living and not-feeling that life and that self* which he resents and rejects. The violent resentment which has been hiding all the time behind Meursault's resigned, passive facade breaks through in the final crisis: "I started yelling at the top of my voice. I hurled insults. . . . It was as if a great rush of anger had washed me clean. . . . I felt ready to start life all over again."[5] Such total emotional involvement in rage and conflict often, in analytic therapy, precedes acceptance of the self and the world.

It would be a severe mistake to take Meursault's attitude of resignation and alienation as that of Albert Camus himself. Repeatedly he emphasizes that "something in this world has meaning: it is man because man is the sole being to insist upon having a meaning."[6] In his whole life and work Camus expressed the conviction that one cannot avoid facing, and getting involved in, the conflicts of present-day man.

In a beautiful short story "Jonas" (*The Artist at Work*), Camus pictures the dilemma of the artist whose creativity is in danger of being destroyed by success and well-meaning friends who are closing in on him. In search of "absolute solitude" he withdraws into a kind of human bird-cage which he has built with his own hands. There he works day and night. Finally he falls down, exhausted. In the center of his canvas which had remained blank, only one word was written in very small letters. "One could decipher it but without knowng whether it should be read as 'solitaire' or 'solidaire' (solitary or solidarity)."[7]

This is no mere play on words. It is a true symbol that condenses the basic conflict of Jonas, the creative man of today. "Solitaire" is the condition needed by him who must not be distracted by people and relationships and who often pays for his creativity with loneliness. "Solidaire" is his other basic aspect: as a human being he

needs relating, communicating with others for his emotional survival.

Camus left no doubt where he stood in this conflict: "One of the temptations of the artist, he said, is to believe himself solitary . . . . but this is not true. He stands in the midst of all, in the same rank, neither higher nor lower, with all those who are working and struggling."

"Between the ivory tower and the roll call of 'the social church' is there room for a creative attitude which will reconcile aesthetic demands with the duty of brotherhood? . . . Yes, the artist must accept the dangers which threaten him and repel the bitterness his sense of alienation sometimes inspires. . . . He runs the risk, if he stays in his ivory tower, of cutting himself off from reality, or, if he gallops forever around the political arena, of drying up. . . . It seems to me that the writer should not ignore the conflicts of his time, and that he should take part in them when he knows he can. . . . But he must also try to stand off a bit to contemplate and formalize what he sees. This eternal return, this tension which can be, frankly, a dangerous game at times, is the burden of the artist today."[4]

I feel this is the burden not only of the artist, but of present-day man. It is his burden—and his challenge.

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HAROLD KELMAN, M.D., NEW YORK: "The detached person is a rather vague category. The word means only someone who is not a functioning, interacting part of the life he is supposed to be part of. He seems to stand aside, look on and observe, but with the basic attitude of an outsider. I do not wish to define the term more precisely because it is a term frequently used and one that encompasses a large group of varying individuals. I do not make a differentiation between self-alienation and detachment."

Dr. Eckardt has defined what she is talking about and clearly limits the details of her definition. You may have wished for more, and may not like her definition, but if you are to listen to, respond to, and comment on it meaningfully it must be from her defined position. This applies to any presentation. I have heard hundreds of them. The limited value to the thousands of listeners often derived from the fact that wittingly and unwittingly they attempted to impose their presuppositions upon the presenter and what he was presenting.

This possibility is intensified by the fact that Dr. Eckardt is Dr. Horney's daughter. Some might feel she should rigidly adhere to her mother's viewpoint. This, in spite of the fact that Dr. Horney kept changing and evolving her ideas, as did every original contributor to psychoanalysis; that for her psychoanalysis was a constantly evolving and changing discipline to the evolution of which she had contributed so much; and, finally, that Dr. Eckardt's failure to develop her own ideas would be a denial and contradiction of her mother's basic philosophy that we continue to grow as long as we are alive. A second difficulty arises for people trained in, familiar with, and daily using the theoretical constructs evolved by Dr. Horney. The terms "resignation," "detachment," "alienation" are factually their everyday working tools. And much that Dr. Eckardt has presented could very comfortably and accurately fit under Horney's concept of the "supremacy of the mind," "compartmentalization," and especially under the notions of "active and passive externalization."

Dr. Eckardt has the right and privilege of saying, "I do not make a differentiation between self-alienation and detachment," and discussants have the right and responsibility to assert they do not find her viewpoint congenial or fruitful. But it doesn't make it wrong. The opening quotation defining the detached person appears at about the middle of the paper. I feel it would better have been her first paragraph. As I shall indicate with some further quotations from her presentation, I feel Dr. Eckardt's presentation could have gained by better organization and by a more explicit presentation of her position. In any presentation both the communicator and the one communicated with have a share in the degree of mutual understanding that happens. Such understanding is the essential prerequisite before discussion of areas of agreement and difference can fruitfully begin and be carried on.

The subtitle of Dr. Eckardt's presentation is "A Discussion with a Phenomenological Bias," which she restates in the first paragraph of her presentation. Again, I feel she could have been more detailed and explicit in stating that she takes this position because, "Our refined ideas of neuroses and character have quietly pathologized all men," because starting with "an ideal as your norm" you inevitably "end with increasing moral judgmentalism," because "the ideal norm does not give the individual much leeway for existence," and because of many other points she makes.

I feel it is essential to state and restate the need for the phenomenological approach in as many ways as possible. This objective can be furthered by defining it in terms of what it is and what it isn't. I am well aware of this necessity because for years, in discussions, courses, papers, and lectures, I have been attempting to do just this with very slow progress and limited success. It is sixty years since Husserl's *Logische Untersuchungen* appeared. American psychiatry and psychoanalysis have as yet only the faintest understanding of what he is talking about. We are so caught up in the split between what is and what ought to be factually, morally, and aes-

thetically that we are blind to the fact that the emotional and intellectual milieu we swim in is an either/or one. Fish never question the fact that "of course the world is all water."

To the extent that you can be, not simply know, and use the phenomenological approach, you will be able to let the human being Dr. Eckardt loosely describes as the detached person "speak to you on his own terms." You will see that "our socalled defensive structure is primarily a means nature has given us to adapt ourselves to the particular world we happen to have been born into. It is part of our equipment for survival and self-preservation and not a pathology."

Maybe an analogy from neurology might help. Epilepsy, the "falling sickness" was once considered divine. With the advent of scientific medicine it was considered a disease, than a symptom. Modern neurophysiology helped us understand it as a form of organismal response to the stress level exceeding a certain limit. It is a precipitated manifestation of stress and a form of total organismal response temporarily terminating that stress situation, at a price. Or as Dr. Eckardt put it, "certain phenomena" are "both life-preserving as well as lifestagnating. They are not either/or but both at the same time." She quotes Existentialism and Zen on this point. A further bit of Zen wisdom is pertinent here. When one realizes it one can only wonder at one's blindness. It is so self-evident. "Every affirmation is a negation and every negation is an affirmation." When you say yes you automatically and inevitably say no. In saying yes to certain things you are saying no to others. Blindness in regard to this issue is reflected in the abused complaint, "But I didn't do anything!" Not doing is also doing. Or to put this issue even more concretely, the bottle is both half-empty and half-full, both at the same time.

Having a deeper and widening feel for the phenomenological approach enriches our possibilities for obtaining much more from such concepts as unconscious motivation, blockages, freer associating, dreaming, and human relating and communing in the

therapeutic process. The phenomenological, existential, and psychoanalytical approaches are not mutually exclusive, but mutually inclusive and enriching. At least that has been my experience.

With such a viewpoint new vistas open up regarding "detached people," who constitute an increasing percentage of our patients because they are and exemplify the sickness of our times. Many patients at first glance do not look like what Dr. Eckardt has described. In time, as certain foreground aspects are worked through and resolved, the picture of the detached person emerges more clearly. As an expression of the therapist's pessimism, hopelessness, and feelings of incompetence to deal with them, they have been variously labeled— not diagnosed—borderline cases, schizoid characters, pseudo-neurotic schizophrenics. I also might diagnose them so, but that diagnosis would mean something quite different to me and certainly not one implying therapeutic nihilism or hopelessness.

In opening our eyes to these patients, to the problems they present, Dr. Eckardt is also pointing at the sickness of our time and to possible ways of becoming more effective with those individuals who come to us for help. Helping them would be helping our time and ourselves.

There are many aspects of what Dr. Eckardt describes as the ways these people experience themselves about which I could comment, but I shall limit myself to a discussion of one of them. She speaks of the "secreted human being" who speaks from "behind the screen" in a "coded language." Only as I became aware of the fact of "coded language," the fact of "screens and walls," and finally of the "secreted human being" behind those coverings could I finally get acquainted with the intensity, extensity, and richness of their secret inner lives. Once I found ways of making contact with this secret inner world the analyses of these people took a new and more constructive turn. In speaking of a secret inner life and inner world I want to make it clear that I am not talking of autistic thinking or of living in imagination, but of something vital, alive, rich, and palpitating, preserved

and never shared as a survival necessity.

I can concretize what I am pointing at by relating a dream a man told me early in analysis. It took many years of mutual effort before it could be meaningfully experienced as a vital, alive present. The dream setting is somewhere in the center of Europe. How, he does not know, he came upon an isolated monastery. After he entered, a monk asked him to follow. After passing through many doors and many rooms somewhere near what must have been the center of the monastery they began to descend some stairs. After having descended seven levels of stairs they came into a large room with a dirt floor. The monk dug a hole and about seven feet down he found a box. When opened, it contained seeds that had been there for thousands of years. They were vital and well-preserved and now he was going to plant them. They were seeds of wheat.

A woman, after many years of analysis and many analysts (I being the fifth) finally told me in the fifth year of her work with me that ever since she had been a little girl she had had secret life she never shared with anyone. In it she was a playful, loving, happy little girl, a role she hoped someday to be able to share with others and to live out in real life. This secret life had been preserved behind many walls, but, she insisted, was never lost to her awareness through many years of severe illness, much anguish and suffering. I was the first human she had ever shared it with. Namely, the first person she ever trusted enough, in whom she had confidence enough, who would accept her and her world, and who could and would persevere with her to find the ways to finally reach that guarded inner sanctum.

Dr. Eckardt has made an attempt to point the way to a large and serious problem of our time as it is manifested in many individuals. She has indicated some possible ways of looking at it and dealing it. From conversations with her and reading some of her previous papers I know this to be a deep, meaningful, and continuing concern. I look for further developments of her creative endeavors in these directions.

PROLOGUE AND EPILOGUE: The essentials of Dr. Eckardt's position and what I have been attempting to delineate are better communicated with the clarity and immediacy possible in a Nobel Poet Laureate as he answers John Ciardi's questions, the first one being, "What is the function of the poet in this conflict? (The never-ending conflict is between man's internal needs and the external forces upon him. . . .)"

"SIGNOR QUASIMODO: It is always important. As I have said, the true poet is no dilettante. His role is moral. Not that he determines the morality of his people. His morality—and this is the real point—is in finding the forms that will express anew for his generation the reality of human dignity. That is why the poet does not deal in the worn-out forms of past ages. The image of man is no eternal thing. We must remake it generation by generation.

"QUESTION: The poet creates a sort of "moral mirror" for his people?

"SIGNOR QUASIMODO: Just so: a moral mirror. He is no pedantic moralizer. He does not write tracts. He writes his poems. And the poems do not dogmatize. The poet's morality is to recognize the eternal worth of humanity through every change. He studies himself and his fellows, and he forms within himself what might be called a genetic sentiment. He makes concrete images for the condition of man in every new age. All else is merely mental play, and barren." *

ANTONIA WENKART, M.D., NEW YORK: Dr. Eckardt's defense of the detachment of present-day man is not only a most humane endeavor, but is also delivered in the spirit of a contribution toward the advancement of psychoanalytic thought. The problem of detachment-attachment is crucial in our times and it has caused considerable misunderstanding among the members of the profession. Unfortunately, in the course of our exploration of this vital problem, certain misconceptions have arisen among us which

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* Saturday Review of Literature, June 11, 1960, page 16.

may prove harmful. I believe that several of these misconceptions occur in Dr. Eckardt's otherwise excellent paper.

I agree with Dr. Eckardt that the meaning of conflicts in our lives stands in need of re-examination. Although it is certainly true that we suffer through conflicts, it is not so much the elimination of conflicting trends that is necessary as the disavowal of their incompatibility. It is in fact, our very desertion from the battlefield of raging conflicts, our about-face disinvolvement, the very act of self-alienation that is pernicious.

Self-acceptance within the many phases of existence—be they healthy or sick—is the first premise of success. It should be used as a guide in the pursuit of wholesome integration.

To be sure, introspection for the sake of self-awareness is a most difficult undertaking, although sometimes the most rewarding one. The concept of externalization surely has its validity. We can benefit therapeutically from it by taking back to ourselves whatever has been unduly ascribed to another person.

However, there is another question that must be posed. What is it that either grows or withers between man and man? We have yet to map adequately the emotional cosmos of the world we have in common. The dimensions of dialogue have not yet been sufficiently tapped as a source of growth.

Dr. Eckardt does apply her great sensitivity to finding sources of strength in this dimension of betweeness. This is quite a different approach from that of only observing the phenomenon, or even trying to disentangle the contribution of one person from that of the other. Beyond this approach we need astute cognizance of the positive and constructive components in the exchange.

Dr. Eckardt touches on one very essential point that I wish she would elaborate. It is the point concerning the detachment used by the patient in defending his aliveness. It is important for many reasons to see the constructive in the destructive, to understand defenses as awkward protesta-

tions against the crushing-in world, the meaning of defenses as a shield for the delicate—the untimely burlap over the bud in Spring.

Appreciation of the patient's mode of dealing with the existential conflicts is necessary not only in order to see his suffering, but also to view his struggle in its context of active engagement in existence.

Sensitivity, tact, and professional training are all required to grasp and hold he who is sick unto death, but at the same time we must also use our critical judgment. The relativistic evaluation of modern day man that Dr. Eckardt seems to posit has to take into consideration the patient's inner world. But we have yet to move from the compassion and acceptance of what is, to the greater compassion that accompanies the patient in his change toward what may be, always being careful in our analysis not to accept for the sake of resignation.

I am glad that Dr. Eckardt uses Albert Camus' *The Stranger* as an illustration. When Camus leads us into the world of his hero we shudder with dismay. The author's opening sentence states the problem of *The Stranger:* "Mother died today. Or maybe yesterday. I can't be sure." He is out of time, but not because he is overwhelmed by grief and confusion, but only because it doesn't matter; he is touched neither by life nor death. This is a man who is thickly covered by burlap. This is not a mode of existence, it is non-existence, and its cries out for help and intervention.

Actually, Camus' stranger is not confused. He appears to be clear-headed. To him, the ways and rules of the world do not make sense. He senses the absurdities of this world and, indeed, asserts himself as the only sensible being in a world of absurdity. But the tragedy of this person is that he is indifferent to everything around him and within him until he encounters his own death.

Further along in the book, the stranger is given the opportunity to travel to Paris; it is assumed that he will enjoy living there. The stranger accepts the offer with complete indifference, saying, "One life was

as good as another and my present one suited me quite well."

At another point, Marie, his girl friend, asked him if he would marry her. "I said I didn't mind. If she was keen on it we'd get married. Then she asked me again if I loved her. I replied, much as before, that her question meant nothing or next to nothing—but I supposed I didn't."

Counter to Dr. Eckardt's remarks, this inner desert, this inner nothingness is a nightmare of existence, not an authentic modality of existence.

Generally speaking, no one can better observe the rules than a detached person. No one can better formulate the rules than the remote observer who knows about gamesmanship, lifemanship, upmanship—to use Stephen Potter's inventions. In this way he has the best *modus operandi* and the worst *modus vivendi*. He has abstracted from life the rules and subtracted from life the Being.

In dealing with the problem of self-realization, we have been all too painfully aware of our lack of systematic formulation of what the self is. We presuppose that there is a self, we know quite a bit about it, but we do not have a clearcut concept or definition of the self. We know much more about what happens to a person who has lost his self, who has lost his identity, who is alienated. Our difficulty is that we know more about sickness than about health.

Of course, the desire for self-realization does make one freer and happier. But the fashionable pretense of health confronts us with counterfeits of happiness in our patients, rather than the real thing.

Dr. Eckardt says that the idea of developing one's potentialities, is frequently connected with a moral obligation and is indicative of the error of the "should." This perhaps may be an unfortunate use of the term "obligation." Hegel says, "Man is what he should be." In other words, man at best is himself and can become himself, developing all his own potentialities.

It is significant that Dr. Eckardt touches on a serious existentialist dilemma: the

necessity of being free while remaining defined, not restricted and yet having a framework for existence. Perhaps Rilke points the way to a solution of this dilemma in a beautiful image offered in his "Love Song," a poem that gives masterful expression to that state when the whole human entity does not encroach upon another, and yet is capable of encountering the other in genuine communion:

"WIE SOLL ICH MEINE SEELE HALTEN,
DASS SIE NICHT AN DEINE RÜHRT?

". . . DOCH ALLES, WAS UNS AN-RÜHRT, DICH UND MICH,
NIMMT UNS ZUSAMMEN WIE EIN BOGENSTRICH,
DER AUS ZWEI SAITEN EINE STIMME ZIEHT."

"How am I to withhold my soul
    That it not impinge on yours?
. . . But everything we are touched by,
        you and I,
    Draws us together as the stroke of a bow
    Mingles two strings in a single note."

One single wholeness and one great communion, this is the solution to strive for.

PSYCHOANALYTICAL NOTES ON MODERN ART

CHARLES R. HULBECK

THE REACTION to modern art is very like the reaction to psychoanalysis. Freud was surprised and angry at the general rejection of psychoanalysis, but he thought the hostility would gradually subside. Freud was as good a prophet as many, but he erred in this regard. The hostility toward psychoanalysis has, to say the least, not abated, nor the hostility toward modern art. Why, we ask ourselves, would people like to reject these two great forces of the twentieth century?

Both psychoanalysis and modern art stir the depths of the personality. But more than that, they tell us the dark truth about ourselves and the human situation in the chaotic twentieth century. Both psychoanalysis and modern art are also, down to the very core of their being, insistent. They are out to persuade. They have a program and their tone is revolutionary—or at least so it was in the beginning. As modern art has grown more and more aware of its cultural message, it has, like modern music, had to rely more and more on psychological interpretation. Like modern music, modern art—and their brother-in-arms, psychoanalysis—cry out for interpretation.

Desirable though it is, an attempt at a psychoanalytical interpretation of modern art has many strikes against it, first, because psychoanalysis itself has obviously failed to be generally accepted and, second and even more important, because it has also very obviously failed in all its attempts to interpret and explain any art, especially modern art. Freudian orthodoxy and its anal threat against art—its threat to reduce art to a libidinous act of defecation—not only has missed the point, but has rightly aroused disgust. We do not need to emphasize that, in our view, neither art nor what makes art—namely, creativity—has anything to do with excretion. But on what, then, can we hang our hats? From what point can we proceed in our discussion of modern art, which is, as we have said, so badly in need of interpretation? Naturally, we are hesitant about saying we have a point of departure since it is such a controversial one. I refer to the self.

In modern psychoanalysis, there is no subject more often and more readily referred to than the self. But when we try to substantiate our knowledge of the self, we soon sink into despair. Still, there are certain things we can say about the self that will deepen our insight into it. First, we can say what it is not. The self is definitely not the ego—that is, Freud's principle of real-

ity, the psychic organ between the superego and the id. Second, we can say that it is something within ourselves and loosely connected with outside reality, and that it is something operating under its own power and firmly connected with the creative unconscious as it expresses itself in dreams and reaches out toward reality. However, we have still not said anything clear or exact about the self.

We can perhaps deepen our insight into the problem of the self further by following the various stages of self-development in man. In doing so, it will be useful to see the self as separate from the personality and from the process of individuation. And we can go further yet if we think of the self as originating in need. We are convinced that man needs the self as much as he needs food. Anything we need, we live and experience as part of our being. Since we experience the self in so many ways, we must recognize it as a part of ourselves. If we look at the self genetically, we think of it as born from specific need, from individual want, from the individual person's difficulty in orienting himself in the world. Though a common human device for survival, the self is in its very essence an organ of the process of individuation. It doesn't show the way to the many, but to the individual, not to say to the single and the lonely. Socrates talked about this inner voice, the "daimonion" telling him what to do and also what not to do. Buber speaks about the dialogue between the I and Thou, the Thou being the self. But the self is the I and the Thou at the same time, the mountain-guide and the mountain-climber; the self is the entire party, sometimes splitting into several voices, talking to each other, searching for orientation. Sartre talks about the In-itself and the For-itself, both being the same person engaged in the process of mental development.

The split of the self into the I and the Thou is a part of human nature, a necessary process both in the historical and the permanent human situation. But there is another important problem that directly affects any interpretation we might hope to make of a cultural phenomenon like modern art. I am thinking of the historical or cultural setting. This setting changes constantly, like a backdrop in the theater, and when we look at the history of western civilization, we can see the setting shift. Obviously, history follows some rules—it operates with some consistency and regularity—but if we would understand man's need of the self, we must concern ourselves with the breaking of tradition. As Toynbee and Spengler have shown us, there are great and dramatic climaxes in history when the accepted ceases to be valid. These are the highpoints of history: the introduction of Christianity, the Renaissance, and, today, industrialization.

There have been times in history when the self was hardly needed. Such were probably the early Middle Ages, when the structure of the church was firm. Able to integrate into a spiritual system, man was not, as Jung has put it, "in search of his soul." The soul or the self was given to him, although there were only certain conditions under which it could be attained. Man's belief in God excluded the self to a great extent, and the place destined for the self was occupied by God. When God disappeared around the end of the eighteenth and the beginning of the nineteenth century, the need of the self came up. Man, as Sartre has said, wanted to be God himself. He wanted to have something to hold onto within himself, because there was nothing for him to hold onto or believe in outside

himself. After the impact of this reformation had been fully felt, man looked around for God and finally thought he had found Him within himself. But in this development, the self became nothing but a replica of God's creativity. It seems obvious that man cannot live without God. After he had dethroned Him, he had to erect a throne for Him within himself.

The discovery of the divine power within himself was as much of a shock to man as the additional discovery that there is no God without a devil. The self as the divine creative force within ourselves can only be understood as a dynamic force, a constant movement back and forth between the divine and the forces of destruction. The self was felt as opposing powers working within ourselves. The self, we discovered, was composed of the self and the non-self, the first driving us toward self-realization and the second away from it, a self-alienating urge, as deeply rooted within ourselves as the divine and the creative.

When we investigate language, we find expressions like self-punishment, selfishness, self-destruction, as well as self-confirmation and self-assertion. The self remains as the intangible behind such expressions, and in them we discover the dynamics of this self, the workings of the two opposites. In his book, *Abstraction and Empathy*, Wilhelm Worringer claims that abstract art as such appears in certain periods in history when a strong urge toward self-alienation manifests itself. Perhaps it does, but we can say as well that abstract art appears when there is an exceedingly strong urge toward self-confirmation. These are times when the inexplicability of the universe, the terror of the infinite, and consequently a deep fear of self-destruction pervade man's awareness of himself.

The forces driving toward self-aliena-

tion and self-destruction are the ones Freud named *Todestrieb* (the death instinct). The death instinct is opposed by Eros, and together, in constant alternation, these constitute the forces of creativity: they work together and against each other like Ormazd and Ahriman (the forces of light and darkness in the Persian religion), or the Yin and Yang in ancient Chinese philosophy. The self creates his world by self-activization, day by day, but like Penelope it has to destroy and to dissolve its work at night. In fact, only if we accept the divergent and contradictory drives of the self are we able to understand its work. We can call this work of the self material produced for documentation. Theoretically, this material can be anything, not only art but also very ordinary activities. There is no emotional difference between the genius and the ordinary man as far as the urge for self-expression is concerned. Of course, we run into an impasse here if we conclude from this fact that all men are equal. Their inequality, which is overwhelming, is in their sensitivity toward their "own medium"—that is, in their sensitivity toward the voice of the self. Jose Ortega y Gasset claims that every man's life is essentially tragic in the sense that it never leads to a full expression of his possibilities, and he tries to prove this in an extremely interesting article "Goethe from Within." Even Goethe, Ortega claims, did not have enough sensitivity for his needs.

Accepting the existentialist terminology, I would say that the self, which contains as a possibility both being and non-being, works "for himself" as well as "against himself." This, the basic paradox of human existence, is the real tragedy, life being obviously a rational proposition turning into an irrational game. The meaning of life, which we assume can be fully realized in art, re-

veals itself as an uncertain proposition, and all values—artistic, cultural, and ethical—become the documentation of man's basic uncertainty about himself, suspended as he is between light and darkness, the Yin and the Yang, between the rational and the irrational. This *"situation humaine"* is felt more intensely in our time because we live in a time of crisis. We are actors on a stage that may collapse at any time. Auden's age of anxiety is the age of anxiety only because we are busy uniting the forces of God and the devil within ourselves. We are externalized to a high degree, but are also extremely introspective. The self of our time not only created the H-bomb, threatening our own destruction, but also Nietzsche and Heidegger's philosophy. The awareness of the self becomes immediately an awareness of the need for, and the drive toward, self-realization that is being counteracted and neutralized by other forces. What we call chance is a sentiment about the uncertainty of man's inner situation. We don't know what the outcome of our self-realization will be. God and the devil are within and without, and when our efforts come to an end, we can only say in the presence of the Divine: "I don't know, my God, what You did to me and why You did it; You punished me without reason, You nearly destroyed me, but whatever it may be and whatever Your motives are, I cannot live without You."

Here in man's deepest bitterness, in his hour of defeat, when his pride is gone, he confesses his need for the creative forces of the universe. Though man feels the alternating aspects of the self pushing him toward destruction as well as toward creation, he is not without hope. This is what Tillich in his book, *The Courage To Be*, calls the God behind the God. A creativity that accepts all the destructive forces—this is man's own experience, and in this experience he transcends the mechanism of his own self.

Man's ultimate transcendence of the mechanism of the self explains the feelings of guilt and fear attached to his existence on earth. As Jung makes very clear in his book on Job, man turns out not only to be his own judge but God's. In other words, not only does man have to side with creation and the creative forces in the face of the obviously senseless game of life and of the alternation between creation and destruction, but he also has to feel anxious and guilty about the fact of his involvement in destruction. If he did not have this dual destiny, he would not feel guilty. The fact that most of his crimes escape his consciousness is of no help to him. Man cannot exculpate himself for anything he does, not even in situations where his lack of power is obvious.

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Modern art is a psychic state of special awareness of man's situation as a human being. Though it is, of course, not a new situation, there is a higher awareness of the play between the creative and the destructive forces at this moment in history. This awareness expresses itself in radically new modes. Of these, abstraction is not the most characteristic mode, but it is a particularly interesting one. Its fractionalization, elimination of the object, its abolishment of perspective and its denial of beauty all express this higher awareness. Much of abstract art, like other modes of modern art, cannot be judged by the old standards of beauty. The concept of beauty seems to have suffered particularly from man's new awareness of *"la situation humaine."*

When the revolution that produced abstract art hit the aesthetically conventional and quiet bourgeoisie shortly

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before and after the First World War, the process of individuation had advanced to the breaking point in a few individuals. This breaking point is the point when man as he exists in history and in the single individual must document his awareness of what is going on within him. When, in the isolation of country life in Southern France, Cezanne suddenly became dissatisfied with conventional aesthetic expression, he had reached this breaking point. He said he felt rationality and irrationality, being and non-being, the creative and the destructive forces, the subjective and the objective, colliding within him. He wanted badly to find the "objective" in Art. What he found by giving in to his fractionalizing, destructive, creative trend was a new reality—"*la réalité nouvelle*." Aesthetically and psychologically, he found a new world where the forces within him could achieve a new balance.

In his work Cezanne found the proof and the certainty beyond uncertainty that the positive and creative principles within him had been victorious. But, of course, the "nil" was right underneath. Like Job, Cezanne had joined battle with God and the devil: the society of his time was by no means ready to accept the fact that man is being and non-being at the same time. As is still largely true today in the United States, common morality was goody-goody. It presupposed that man was born for the good and that the good would eventually come to the fore. No one realized that only by accepting himself as a whole—both the positive and the negative qualities of his character—could he bring about a balance and give the creative forces a chance of victory. This moral conventionalism extended even to aesthetic matters. Culture, especially in Germany, was conceived in bothersome, moralistic terms, and since the

values it upheld helped to keep the masses in a certain order, the artist had to deliver them. Extreme rigidity and strictness prevailed. Unfortunately it was not the spiritual rigidity of the Middle Ages; it was a blind rigidity, accompanied though it was by some lip service to liberalism.

When Cezanne decided that life and the world—ordinary reality—should not be copied, but should instead be structuralized, he started a trend that has not yet come to an end. This structuralizing is partly an expression of man's new fractionalizing attitude toward the world; therefore it is negative and a part of non-being. But structure is also construction; therefore it is a part of the positive and the creative that leads to the experience of transcendence that we have been discussing.

From the beginning, modern art had a great feeling for "objectivity." However, Cezanne's drive toward objectivity cannot be compared with what is commonly called objectivity in science, which is a sort of impersonal attitude destined to make it easier to relate to nature or things, as these reveal their "deeper meaning" in experiments. What Cezanne wanted to do was to break out of his ego fortress. His immense sensitivity had turned inward; he felt he was separated from reality, and he tried to figure out what was the impediment, the subjective error, that gives a distorted view of the world. Innocent subjectivity, the naiveté which believes that the world and things are what they appear to be, was under scrutiny. This subjective approach, with its concern for the "objective" nature of things, had been one of the major incentives of the Impressionists. Monet had painted his haystack dozens of times in different lights—in the morning, under the midday sun, and at dusk. Though the Impressionists had said

they were interested in the way things change under the changing light, it was not really a question of optics that drove them on; it was the urge to find the thing behind the thing. In this sense, their work was not unlike Cezanne's. Though Cezanne denounced Impressionism, he also wanted to see behind the thing. He was concerned with the "essence" of things, and light with its various shades was, he felt, an outside phenomenon. The structural secret became the secret of creation because it seems to answer the question: How is the thing made?

To us it seems idle to ask whether light is a surface problem or not. But it remains a fact that Cezanne would not have been able to do his work without the work of the Impressionists. In contradistinction to David and Ingres, the classicists, and the romanticist Delacroix, both the Impressionists, on the one hand, and Cezanne and his followers, on the other, were affected by the human situation in the industrial age. We cannot believe that they saw any real philosophic or even sociological problem with reference to the situation of the individual in society, but they must be credited with a sense of it. However, small it may have been in comparison with the quantity of anxiety we see today in neurotic and psychotic patients—in fact, in all modern men—they must have felt something working within themselves.

The Impressionists are like Cezanne, who is the real father of modern painting, in other ways. Whereas the artists who preceded the Impressionists had never doubted the painter's full control of color and canvas, the Impressionists put the painter's tools—color, brush and canvas—under scrutiny for the part they played in the subjective approach. Of course, Cezanne did so more than the Impressionists, but the Impression-

ists had also questioned the position of the painter in front of the canvas and had started to feel the effect of the classical and traditional twosome of the artist and the easel. The dialogue between these two, which started at this point in time, has not stopped yet. Seurat, the pointillist, had all sorts of theories about the relation between the painter and the onlooker, whom he wanted to see creatively, as if in a composition of complementary colors. Now, that the painter had started to move, he also wanted the onlooker to move. This principle of movement has been developed in our time until, as with Tinguely's painting machine, visitor, originator, and machine work together to produce the work of art.

The principle of movement in its relation to man in our time is felt in all of Cezanne's pictures, where the forms of nature are made to reveal their underlying structure. Out of the conventional deadness of nature that imitation results in, a new, dynamic element destined to influence all art in our age arose.

Feeling decomposed and fractionalized, modern man seeks himself in the act of creation. He not only creates and recreates the self in himself—that is, brings the self more fully into consciousness—he also, as we have said already, projects the process of self-creation or individuation into his work. Art is expression, and the piece of sculpture that appears in the museum today expresses man's anxious search for himself and his great desire to realize himself as a whole through creation. This picture or piece of sculpture is an insistent, even aggressive, document of man's attempt to find this whole. It is the "found object": the artist's attempt to put himself together symbolically through the medium of color, stone, wood, or metal.

Expressionistic elements in art are themselves symbols of a specific stage in the process of individuation, a stage preceding the real creative work of integration. Through structuring the work of art and relating the parts to the whole the artist attempts to construct his personality and make it whole. The work of art is a symbol of his unity, the proof that he can integrate the parts of his fractionalized being. The proof of the character of modern art is illustrated in the manifestoes that the various art movements have produced, the exaggeration of certain art elements, the preference for the distorted and the grotesque, the artist's outright action and aggressiveness. But in addition to serving as the artist's proof that he can integrate himself, modern art also expresses his fear and trembling, his preoccupation with the uncanny and the morbid, his masochistic flattening out, his enjoyment of the coprophilic, as in Dubuffet. In rejecting Expressionism on the ground that art is a process of reification, modern art asserts that all the psychological elements that besiege man in his search for himself go on with this process.

Art is above all optimistic. It is the only human activity that does not sink into entropy.

But let us go back to Cezanne and his revolutionary approach to painting. We have said that Cezanne strove for the objective, as distinguished from the conventional and the romantic. We have also said that Cezanne's search for structure introjects the notion of a dynamic force that integrates the picture. There were two other artists whose aims were similar to Cezanne's but who achieved something quite different. Gauguin and Van Gogh are important here because both strove for the unconventional, both projected the sincerity and intensity of their search for

themselves into their work, both were typical exponents of a troubled human situation, and both were out to find the personality in its entirety by any means and with all necessary sacrifices. It might be said that they tried to force the issue by acting out their problems, Gauguin by leaving his family and Van Gogh by committing suicide. Though Gauguin was less methodical, both men made great contributions to modern art. And any incompleteness in the art work of both men impressively documents the incompleteness they had to endure in the process of individuation in themselves.

In Cubism, Cezanne's aims came to a classical conclusion. Cubism, a movement founded by Picasso, Braque and Juan Gris (though other painters like Marcel Duchamp became Cubists and still others went through a Cubist period) shows the analytical and searching quality of what may be called a new spirituality. The various and conflicting emotional states experienced by man in our time can be related to the various aspects of the object as explored in Cubism. The so-called analytical period of Cubism shows the painters walking around the object, which is flattened out of its three-dimensional environment. It is as if Picasso and his friends were cutting various sides off the object and superimposing one side upon the other. In doing so, they are exhibiting their heightened consciousness of the distorted nature of the world. Their early pictures document this heightened awareness.

These early Cubist pictures stress the fact that man's ability to grasp the essence of things is relative and incomplete, and we feel the sincerity of the assertion. The question which imposed itself on the Cubists was not different from the one Cezanne faced. Creative men in search of the impossible, these

artists all subjected the "thing in it-self," that Kant had said could never be seen, to severe attack. As it happened, the thing they found was something that Kant had not thought of: the self which, unlike "truth," could only be experienced in time. In synthetic Cubism, the essence of the object, the new form, reflects the whole self, the entire personality. The process of individuation in its entirety, the moving back and forth, the play of opposites, the In-itself, the For-itself—all this we see in the work of the Cubists. Their works are mainly analytical and structural. Color is subdued and almost negligible, as if they wished to emphasize the seriousness of their aims.

There is little anxiety revealed in the work of the Cubists. It is interesting that Picasso went through a period of regression before the Cubist period and that he moved on to the period of the Giants, so to speak, after Cubism. In both the regressive period, when Picasso fell in love with Negro and primitive art, and the Giant period, there is a haunting quality, as much as to say that here the artist transcends reality with an uncommon and violent sincerity.

The question whether modern art is art or not is a dialectic one. As long as one thinks of art as a well-known activity, executed with well-known material and well-known tools, many of the achievements of modern art and modern sculpture could better be termed non-art. What we must realize is that, though artistic activity as such may be an archetypal effort, art is subject to historical changes. The echo of the great art revolutions—for instance, the revolution brought on by the introduction of three-dimensionality in the time of the Renaissance or of oil paint—can no longer be heard. We can guess that the arrival of oils must have hit the painters who had acquired great

skill in tempera very hard. They probably protested vigorously. They probably said, as is said in other contexts today, that oil painting was not art and they were probably supported by most painters. But to us it is now clear that art in all its "eternity" is an activity deeply dependent on social situations that are themselves deeply dependent on what we are calling here *"la situation humaine."*

When Nietzsche said, "God is dead," he meant to attack the rationalistic naiveté of organized religion. But while God as a figure was being destroyed, the creative spark in man with its desire to be realized was being discovered. To say "Art is dead" is simply to point to the historical changes that an archetypal function can undergo. Aesthetic values change fast, and when beauty is considered identical with harmony, a man in our civilization cannot see or feel what beauty is. There is no harmony in modern man, and there is no harmony around him. And there will not be any in either place until the process of individuation which he is having to undergo as a result of the historical situation which he finds himself in has been completed.

With all its demonstrative schools and movements, modern art is therefore a particularly impressive piece of evidence that all art is a self-realizing activity. The process of self-realization or individuation that it documents is partly archetypal and permanent and partly temporary and historically conditioned. The anxiety that the process creates arises from two sources. It comes, on the one hand, from the relinquishment of the ego in favor of the self that is never there and that must always be realized anew and, on the other, from the contact with "reality," the world of objects around us that can also never be fully realized—the "going into the

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world" or "being in the world," as Heidegger puts it.

The establishment of the self in the midst of a world of chance is tantamount to working out the meaning of life. Since the self is dynamic—in essence nothing but creative movement—it is from some points of view identical with self-development or "growth." Personality as such is an aspect of the self. By "personality" we mean what Jung calls the persona, that is, the self as it relates to the world, which is, we must remind ourselves, a world of chance that is constantly confronting us with new situations and therefore demanding movement and adaptation. Modern art gives us an ontological interpretation of the status of the self in its relation to this world. It differs from other ontological interpretations in its aesthetic implications, but as we have stressed, we are less interested in the aesthetic than in the emotional status of man in our time as he seeks himself through artistic activity.

A great deal of attention has recently been given to Descartes and his rationalism. His famous statement *"Cogito ergo sum"* has been termed the major impediment to the realization of a true twentieth-century philosophy. As we know, this philosophy started with Husserl's phenomenology and has developed through Heidegger, Jasper, Gabriel Marcel, and others into what is called existentialism. Modern art may be called an expression of existential feeling and thinking in that it is a search for a reality outside the rational ego, something independent of any rational system, whether religious or philosophical. Both God and art are dead as far as they depend on a system of cultural approval. But God is not dead within ourselves as the creative power and as the creative search for meaning. God is now the deglamorized movement of man toward himself and to-

ward the recognition of the self, as well as the responsibility of the self, which is nothing but the Tao, the way toward the realization of potentiality, the endless wandering toward a necessary but indefinable aim.

In modern art, the movement closest to existential thinking has been the Dada movement. It began in Zurich in 1916 and was founded by some of us in the now famous Cabaret Voltaire. In the beginning, Dada stressed the fight against rational and conventional values and emphasized the uncertainty of man's existence—the First World War had convinced the Dadaists that the Victorian world was rotten inside. But as Dada went on, it directed itself against all concepts of permanence. The Dadaists were interested in two main facts: shock and movement. They felt that man was in the hands of irrational creative forces. He was hopelessly wedged in between an involuntary birth and an involuntary death. Although the Dadaists knew that it had obviously always been so, they felt that the world they had grown up in had made man's ordinary situation more than ordinarily absurd.

Aesthetically and philosophically, the Dadaists anticipated many of Heidegger's statements. Violently opposed to any stability, the Dada painters used any means at hand to reach *"la réalité nouvelle."* Richter introduced the endless picture on rolls of canvas which, not unlike the oriental kakemonos, used signs and forms symbolizing the opposites that man experiences on his way through life. Schwitters became a master of the collage, which the Cubists had introduced. Using pieces of ordinary life—corks, nails, sponges, cloths—he initiated what is now called *"art brut."* In contrast to Schwitters, Arp tended toward the structural. Though his abstract sculpture reminds us of Greek plastics, it reveals an intense sen-

sitivity toward the real behind the real. Arp loves the organic form, but he still belongs to the constructivists, who constitute one of the main branches of modern art. Arp has never surrendered to action as have the abstract expressionists; he has always held that aesthetic logic and reflection are one.

Dada had all sorts of aesthetic and philosophical features, but the public has been interested mostly in what may be called the Nietzschean character of the movement—its nihilism and its love of paradox. What the critics did not see was Dada's vitality and its love of life. Life, as the original Dada held and as the Dada revival of the immediate present emphasizes, cannot be lived on the expectation of the permanent. The Dadaist sides with Heraclitus against Parmenides. He began doing so long before Zen became fashionable; he sees life as change and motion.

The Dadaist's admiration of the automatic forces in life is especially interesting. Automatism may be called the philosophy of the non-human. When Ortega y Gasset wrote his famous article called "The Dehumanization of Art," he meant to show that rationalistic humanism, as we have known it, was over. As modern art developed, the artist felt a growing desire to know more about the forces that are functioning automatically around him and in him. Of course, this interest in the automatic antedated Dada. Tatlin and the Russian Supprematists had also been very interested in the machine. During the First World War, one of the first Dada exhibits in Berlin included a poster with the following inscription: "Art is dead. Viva la Maschinenkunst of Tatlin." (Although the original inscription was all in German, I give it as I have here because that is the way it comes to me now. I offer it as a Dada symbol of my Dada existence in Switzerland, Germany, France, and America.)

The automatic forces of nature are the forces that support the self, as we feel these and their regulatory influence in our bodies and in our daily lives. They work in the unconscious, regardless of our conscious presence and in spite of our blindness or willful interference. The Dadaists, more than any other people of their day, felt that life lives us as we live life. In their philosophy, life was always in flux and growing. Like Tatlin they were fascinated by technology, and they felt that the machine was the true symbol of man's new contact with the automatic forces. They accepted Freud's psychoanalysis because it was an attempt to reveal and free the unconscious automatic forces in the self.

The interest in the machine is particularly well represented at the moment in the follower of Dada, Jean Tinguely. Since the machine projects the stage of self-realization that man has achieved in such an important way, we ought to discuss it here, but it is actually a subject in itself. Suffice to say, the machine disintegrates under our eyes. If it is to keep functioning, it requires continual maintenance. Art requires no maintenance. A work of art conducts a creative dialogue with the onlooker. It has, in fact, as many originators as onlookers. Tinguely's painting machine dramatizes this fact at the same time that it represents a threat against the creative principle. In its expression of the creative and destructive principles in the self at one and the same time, it is the best possible example of the psychoanalytical implications of modern art that we have been discussing here.

The artistic interest in the automatic is one of the most significant manifestations of man's growing awareness of himself. If I were to make a prophecy about art, I would say that it will continue in this direction.

MODERN ART AND HUMAN DEVELOPMENT

Antonia Wenkart

IN MY VIEW, the relationship of modern art and human development hinges on creativity. Each person must be creative (or must allow himself to be creative) to realize the fullness of his existence. Human development is itself a creative process, or can be in a second-chance analysis if the prohibiting forces are overcome and the struggle is creative. The drama and excitement of the mysterious creative process are more evident in the active artist than in other persons because his art yields visible proof of the struggle. In a wider sense, however, the artist is a paradigm for the legions who suffer both in their need to bring forth from within them that which cries out for life, and also in their all-too-frequent failure to achieve its birth. For this suffering Binswanger has coined a term, *"missglücktes Dasein,"* failure in existence.

To me the myth of Prometheus most vividly exemplifies the human tragedy. This Titan, the father of men, was accused by the gods of stealing their fire from Olympus, and for this he was horribly tortured. The pity and irony of it all is that the fire originated in the depths of the earth, and was therefore really of the earth and not of the heavens, an inner flame that was rightfully his, but was buried deep in the morass of inner and outer circumstances.

The great artist Ingmar Bergman in a recent film, "Wild Strawberries," depicts an old doctor who through his ingenious research has greatly helped humanity, and yet at the same time is disregarding those who are nearest and dearest to him. Outwardly he has spent his years doing the best he could as a rational individual, discharging all his social, professional, and intellectual responsibilities, but inwardly he had failed in his existence. His dreams, or rather nightmares, knock at his consciousness, making him look back with ultimate concern at his unexamined and misspent life. In his dreams he becomes aware that he is barricaded from life. As he walks through familiar places, no face looks out from the windows, no eyes smile, the doors are shut, the streets are deserted. They lead nowhere. His time stands still, his space is closed off into ghastly emptiness, and the only sound breaking the unutterable stillness is the rattle of a hearse, bearing a coffin—his own. It is only after he has grasped his own dead hand that he can begin to come to life. Only when he accepts his own deadness can he find the life that is still in him. But when he is able to move the hands of his life clock and lift the lid of his barren coffin, then he can walk toward the forest and bend over the little sweet wild strawberries still growing in a long-ago place. Their scent and freshness softens the harshness of his convictions, sweetens the bitterness of his disappointments and makes the same hand which recently shook hands with

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death reach out to the healing wonder of life, to the mystery of his own wild strawberries.

The Promethean struggle in each human being to reclaim his rightful inner flame or to return to his wild strawberries is the pivot on which turns either mental health or illness, and the fullness of life or emptiness and meaninglessness in existence. Just as Oedipus was chosen as the prototype of human development in the first half of the twentieth century, so Prometheus may be said to symbolize the second half. None of us escapes that clash at the crossroads between being creative and succumbing to the extant convention, the safe routine and untried unique. The advent of modern art has marked such a crossroads.

Historically we have seen that art is significant of human development. The styles that prevailed in the Stone Age or the Renaissance, for example, have revealed cultural development and supplied us with data pertaining to the skills and abilities of those particular ages and their social and scientific progress. Their art demonstrates that the people of the Stone Age or the Renaissance were involved in and related to the objects around them in their world. There is, however, no testimony to their inner condition, except by inference.

We do not need to infer the inner condition of modern man, having it with us to experience. The people of today are detached, emotionally uninvolved, and disconnected from their world. All this can be seen on the modern canvas: modern art is the expression of the inner condition of modern man. Thus we discuss "modern art and human development" because modern art is the visual representation of some of the essential steps in the development of man, which are also at the basis of psychoanalytic thinking. In art today we see not only man *and* his world, but also man *in* the world.

All artists are more responsive recipients of impressions around them than the average person. Their fine, intuitive perception makes them sense the spirit of their time more precipitously. Because the artist is also able to formulate and shape his impressions and experiences, he can state the problem, and by so doing he points the way toward a solution. So modern art bespeaks our existence. It betrays that which is, reflecting our human situation. It is the portrayal of our lost relatedness, the rediscovery of which lies in striving to reestablish the continuity of links in a chain that has fallen apart.

Thus alienation, the great divide, a concept eloquently propounded by Dr. Horney in her last book, *Neurosis and Human Growth,* and now generally accepted by psychoanalysis, is the estrangement from oneself, and carries with it the estrangement from nature and from all which is of the world. Moreover, it is estrangement from the world as dimensional space and time as duration of life. For if one is not aware of his own beingness, how can he believe that anything else has being, and how can all else exist when he does not? To remedy the alienation and dispersion and disconnectedness, it is essential to return to the immediate experience, to the connectedness with the object, to involvement with the concrete. Man fallen out of space, man out of step with time, man detached from the reality of the world, needs a special form of expression that does not objectify the experience, but starts with the concrete *Dasein.*

But to achieve the immediate expression of his unique being in his world, the artist had to discard the second-hand representation and worn-out sym-

bols. So the modern artist, attempting formulation of what is, splashes color on his canvas, improvises, juxtaposes, makes compositions of related forms. This is not so much an expression of skill or talent, or even curious new imagery. It is a passion to formulate what is. It is a confrontation with estrangement and disconnectedness. The jump into pure color or the prototype of a form is pointing toward the immediate and concrete. It's red and it's red and more red, brilliant and pulsating, providing the very experience of redness.

In modern art, abstract and non-representational, there is no question of style, and one is not bound by any "isms." The beholder so often asks, "What does it mean, what is it for?" It is an encounter with the mystery of man's existence. It seeks to express the infinitesimal beginning of life, the basic constituents of being.

Thus movement and color are minutely observed. The artist asks himself how they come about, what they consist of, and how they interrelate. All real art, but especially modern art, is not only the expression of what currently is and the exploration of what might be, but also of that which transcends the existing and molds future possibilities into here-and-now reality.

A telling remark was made by the recent Nobel prize winner in medicine, Dr. Ochoa. When a reporter asked him if his findings had any bearing on the cure of cancer, he answered, "They might, I don't know. I study the *life* of the cell."

How aptly these words apply to mental health. We psychiatrists and analysts know quite a bit about mental illness. We know something about mental health. What we need to do is to penetrate to the mystery of life. Yet the mystery of life cannot really be solved, it can only be experienced. Methods of

explanation have been exhausted. But this basic primitive experience, the very wonder at being alive at all, might lead us back to the source of our selfhood and our own inner life.

A significant symptom of man's alienation from himself and consequent isolation from other persons is his inability to communicate. And in this very lack of communication lies the clue to the general distrust of the word and the process it symbolizes; because man does not trust his own reality and is a stranger to himself, he is by the same token unable to believe in the reality of others or in what passes between them. One illustration of lack of ability to speak meaningfully to each other is that delightful play of everyday life, "Two for the Seesaw," and another that more symbolically portrays man's encounter with man is Samuel Beckett's "Waiting for Godot." Both plays show how one person never is able to invest the reality of his feelings in his words, how words are not allowed to mellow into full-blown meaning, but are cautiously expelled and remain awkward and edgy and fall off into insignificance. Nor is the word allowed by its own weight to reach into the depths of the listener and rest in hearty welcome. The word doesn't catch and doesn't hold attention. Thus the spoken conveyance is broken.

Meaning is conveyed more by analogy than a verbal definition of the meaning of a word. In the literary realm we call it *die Bildersprache,* picture language, that paints a picture which symbolizes the feeling itself, allowing transition from one mode of sense perception directly into another. Rainer Maria Rilke is such a painter and sculptor in language. He is the poet-artist, expressing the ineffable in a simple word picture. He speaks of softness and beauty of women's move-

ments: *"Ihre klieinste Geste ist eine Falte fallend in Brokat"* (Their slightest gesture is a fold falling in brocade). There is rhythm and music in this cadenza. The description holds touch and sight and rustle together to create the picture.

Distrust of the word and awareness of all the possibilities for its distortion account for the popularity of a direct visual expression, rather than a verbal one. In the visual arts it is not only the composition of a picture that conveys the feeling. Texture and light and form correlate and conspire to appeal simultaneously to more than one sense. But more than this synthesis, it is analysis that has been the most outstanding characteristic of modern art, principally abstract art.

In evaluating abstract painting, people complain that it is not possible even for a connoisseur to distinguish a good picture from a poor one, that aesthetic values have disappeared. Actually it is not a question of values or of aesthetic enjoyment, but of *ergriffen sein*, of feeling touched, stirred, shaken, gripped, overwhelmed. Certainly we may ask, "Is the site of aesthetic pleasure different from that of emotional response? Is one born in the intellectual or spiritual cradle and the other in the heart's chamber?" The division, if there is one, lies in the beholder, not in the artistic presentation.

In the traditional school, the artist is prepared to offer a statement he has chosen to formulate in a way that appeals to aesthetic feelings. But the modern artist lays himself bare. "Look," he cries, "I am in anguish. My world is a shambles, so is yours. Come let us gather the pieces."

In thus striving to become involved in a personal encounter, that both may participate in the experience, the modern artist is ready to associate freely before the very eyes of the beholder. Unprepared and unrehearsed, he wields his brush like a key turning in the door to his unconscious, and as he paints he engages his fellow man in an immediacy that evokes an echo in the other's unconscious. He uses his canvas as the place of "the rendezvous between his conscious and unconscious," to quote Sir Herbert Reed.

Not unlike the Impressionist who left his dim, stuffy studio to paint the sunrise and sunset in the great out-of-doors, so the modern artist associates and creates not only in the enclosure of his mind, but out in public—as it were, *instant art on canvas while you wait, action painting, time painting*. Through his creation the artist is freer to participate and communicate with others in his concern about our common or mutual human situation.

The canvas of the modern artist is a place where body and spirit and imagination hold a rendezvous, and more than that, where *abstract* and *concrete*, the feeling and the image, converge. The artist abstracts from a totality one unique element. He extracts the pure essence from a multitude of incidentals. He peels off the extraneous and reveals the core. For example, a painting entitled "Composition in Red" (alluded to earlier) can involve one instantly in its vibrancy and luminosity. All associations with the red living blood, the red that incites the bull, the redness of combusting flames, are precipitated onto the canvas in one concrete splash of red.

It is the effort to arrive at the irreducible that has motivated the modern artist to dispense with all irrelevant material. Thus, attempting to grasp the *essence*, he abstracts pure or finite form or color or movement from an intricate object or complex phenomenon. By returning to this primitivity renewal is

made possible, in art as well as in psychoanalysis.

As to form, if Mondrian paints an abstract pattern of organization, he does not do so to stimulate our interest in geometry; he is rather portraying a balance of primitive simplicity and serenity. Modern artists convey basic feelings. Looking at modern abstract art, one sees the artist's effort to reveal reality through minute, slow-motion observation, to enter fully into the smallest impression, to endure the full impact of every contact in every moment. Another way of getting down to fundamentals is to let the most subjective become objectified. Abstract art documents the intention to return to the object, to establish lost links, to reconnect disrupted continuity.

Common to all of us are the efforts to identify, formulate, differentiate, and abstract our own singularity and stand out as a person against the backdrop of existing conventions, revered traditions, and on the platform of ready-made assumptions about the meaning and content of being in this world.

The *image* of space has traditionally been portrayed through dimension and perspective. But in modern art the lived *experience* of space is conveyed. Man who has no home is lost and forlorn. Detached from his world, he suffers in strangeness and the dread of the uncanny. Here we grasp the meaning of Pascal's words, "Cast into the infinite immensity of spaces of which I am ignorant, and which know me not, I am frightened." It is not the visual sensory perception of space, but the lived experience of being thrust into a strange place.

Chirico, Munch, and Balthus are painters of the estranged world, the eerie place wherein we are condemned to live. They describe modern man's lostness, *das unheimliche.* The nowhere

of our existence is posited as a problem rather than a neat and polished definite reality.

When the philosophers Kierkegaard, Husserl, Heidegger, and Jaspers started to question the very basis of existence, the artists, certainly moved by the same spirit and influenced by the philosophers, went to work to depict these doubts, to show men twisted into a questionmark, rather than speculate about them. They showed the dread of nothingness; Tanguy has pictures of a seashore in no-man's-land with pebbles, not smoothly rounded and faceted and weathered through touch and time, but shrouded in deadly white, as if the weight of being-here was lost or was never present. What remains is a weightless skeleton of stone, washed out and white.

To the alienated individual, the outsider in this world, our planet appears uncanny. Chirico succeeds in painting eeriness. We want to scream out and run away when we see his naïve little girl on the threshold of life, oppressed with foreboding by the lurking unfamiliar figures. It sharpens our longing to recapture full immediacy, our own unique beingness.

Dr. Horney speaks of having a place under the sun. Rilke wrote in a love letter, *"Wo Du bist entsteht ein Ort."* (Where you are, there *is* a place). Somewhere, instead of nowhere.

Time in art, as in all of life, is essence. The time is urgent, the time is fateful. Between the creation and the devastation and lostness-into-nothingness, there is the present, the outstanding, the being-here. Modern art lays open the irreducible now.

Whistler's mother has aged in time. But today's man, being out of time, does not reach the fullness of his span. Instead, he withers before his time, cut off from the roots of his own self.

A patient of mine who had come complaining about a pain in his leg related an ingeniously painted surrealistic dream. He said, "I had a runaway dream. I saw an empty train go speeding by a place where I wanted to be." When I asked him, "Where did you find yourself?" he answered, "I don't know. I was not in it." The symbolism is evident. He is out of step with time. He is running to get nowhere.

Man cannot turn back the clock. But he must cut down his breakneck speed, if only for a momentary respite. The stillness and timelessness of an instant is the threshold of transition, the point of beginning. The clock has lost its hands. The eternal moment is a dropped beat in the paroxysm of tachycardia. The faceless clock, the malleable clock that overlaps the edge of a table—these are the whimsical symbols of man's distorted time, man fallen out of time.

Modern art is the art of transition. Pictures, forms, ideas, sensations are disconnected from their origin and roots in man and have lost their validity. Thus, since man has lost himself, his once-living symbols have died, not the death of obsolescence, but of decadence and obscenity. They have become ridiculously and tragically unauthentic. Our lost generation of brains and beatniks has no other way to go but back to the concrete object and original immediate experience.

Human illusions inevitably create distorted images. The error of an image lies not in the perception as Aristotle thought, but in the composition. Actually, the root of the error is the subject. One has to go back to the purely subjective, return to the immediate minute experience, to rectify the error. We must be like Ingmar Bergman's old doctor, who dared to preserve a little patch of wild strawberries in the desert of his existence, an unknown quantity that still made him sensitive to life around and in him. This is the *spirit of creativity* that holds the clue to the understanding of survival, to renewal, to re-orientation. The mirages of deadness alive, the apparition of the ghostly inner poverty he encountered in his dreams, helped him to take a step from the land of far-off thinking and speculating back to the immediate relatedness with people he cared for originally, back to the caring in which coexisted his real love and his distortedness, back to the pain of lostness and the patch of wild strawberries, the source of his creativity.

Modern art can be understood only within its historical context. Present history is apocalyptic chaos: estrangement from the object, alienation from the self, and depersonalization. The breakthrough that happens in art is not in consecutive steps of evolution. Klee has said that art has the audacity to transcend history. Perhaps it can also influence it.

THE SOCIAL ROOTS OF THE DREAM

MONTAGUE ULLMAN

THE RELATIONSHIP between dream and social myth has been of interest to the social scientist and the psychoanalyst. As such, it has relevance to the therapeutic endeavor. I shall begin with some ideas about dreaming. Next I would like to consider the unique position of social myth as an area of obvious concern to both the social scientist and the student of the dream. Finally, I hope to show the pertinence of some of these considerations to the problems of therapy.

I. DREAMING: There are four points I wish to make in connection with dreaming:

1. The function of the dream can be understood in the light of the fact that it occurs during states of partial cortical arousal, unstable states that must be resolved by awakening or returning to deep sleep. By a sequential series of images, the individual forms a statement that represents a total assessment of the currently disturbing life situation, and the defensive mechanisms by which it can be handled. This assessment determines whether full arousal has to occur or not. It is in this sense that there is a connection between dream consciousness and the vigilance needs of the organism.[1]

2. The elements in the dream are symbolic, not in the sense of disguising impulses, but because they represent the best approximation in personal terms that the individual can construct for himself of the real forces operating upon him and impinging upon the area of vulnerability with which the dream is concerned and which are not objectively known to the individual.[2]

3. The dream is bi-directional in terms of its ultimate behavioral effect. It can participate in the process of returning to a deeper level of sleep, or the process of further arousal.[3]

4. In the dream, the significant relations pertinent to a given conflictual area are experienced synchronically—that is, all at once in a spatial arrangement. This is in contrast with the diachronic arrangement of waking thought processes. The arrangements in the dream are actually logical and mathematical insofar as they bring together events on the basis of similarity and difference independent of spatial and temporal categories, again in contrast with the spatio-temporal relations of interconnectedness characteristic of waking thought. In each state, sleeping or waking, we are dealing with the same unitary entity: the psyche or mental apparatus. The different relations expressed and the form in which they appear are simply reflections of the different direction the human organism is facing and, hence, the different environment to which it is exposed. The hu-

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man being is looking forward while awake and backward when asleep. To push the analogy a bit, he is making half-rights and half-lefts in various pathological states. Here our analogy ends, as we are using the concept of altered direction to include a reshuffling of the internal milieu, rather than a series of bodily adjustments.

There are certain points deserving emphasis in connection with the ensuing discussion of myth. The human organism may be considered as a system, in the sense defined by Radcliffe-Brown,[4] as a constellation of units in the form of events or processes forming an integrated whole based on the existing internal relations of the parts. The relations in the case of the sleeping individual pertain to three sets of variables:

1. The first is behavior. Behavior in connection with the sleeping individual is divorced from will and intent. It is something that, in effect, happens to the individual. I have reference to the involuntary movement passively experienced by the sleeper, such as the movement toward or away from the deeper levels of sleep.

2. The affective traces reactivated when the level of consciousness is such as to allow for some self-awareness. This level is known to re-occur at intervals throughout the sleeping phase of the sleep-waking cycle.

3. The metaphorical potential of the individual—the ability to express in concrete and metaphorical terms both aspects of the situation in which he finds himself—the involuntary behavioral aspect and the associated residual and unresolved emotional aspect. The activity or behavior is primary, the metaphorical process is secondary, in the sense that it does not initiate the activity. Once it comes into being, however, it may influence the subsequent

course of the activity, depending on whether and to what extent the dramatic and affective overtones of the metaphor are congruent with the direction of the movement in the sleep-waking cycle.

Here I wish to underscore the central role of metaphor in dreaming. This has been done very brilliantly and provocatively by Tauber and Green in their recent book.[5] Metaphor, of course, is a frequent component of everyday discourse. As such, it renders speech more vivid and more expressive of the meaning to be conveyed. In the dream state the metaphor appears to function in a similar, but also somewhat different way. It is similar in regard to the concern with the qualities of dramatic presentation and vividness. It is different insofar as it is not concerned with the transfer of a meaningful statement from one person to another. In the dream state it is an integral part of a process of self-confrontation concerned not with the intelligibility and referential meaning of a given aspect of experience, but rather with the felt reactions associated with that experience. This technique does not solve the real problems at issue, but it does succeed in reducing an intangible and unknown set of operating causes to familiar and manipulable quantities, and in that way creates the possibility of resolving what, in the absence of more accurate knowledge, would be irreconcilable events. A personal myth is created which appears analogous to the mythopoetic process as it operates culturally.

II. The Mythopoetic Process: If we attempt to define what is meant by myth we come upon a situation aptly described by Stith Thompson:

"No three blind men ever investigated the essential nature of the elephant with more surprising results than those who have sought the single answer

which would unlock the mystery of the origin and nature of tales and myths."[6]

I wish to focus on three aspects of the mythopoetic process as these are emphasized by various writers on the subject.

First, the organizational function of the myth. Here I quote from Mark Schorer:

"Myths are the instruments by which we continually struggle to make our experience intelligible to ourselves. A myth is a large, controlling image that gives philosophical meaning to the facts of ordinary life; that is, has organized value for experience. A mythology is a more or less articulated body of such images, a pantheon. It is the chaos of experience that creates them and they are intended to rectify it."[7]

Second, the externalizing tendency of myths. Bruner writes:

"What is the significance of this externalizing tendency? It is twofold, I would urge. It provides, in the first instance, a basis for communion between men. What is 'out there' can be named and shared in a manner beyond the sharing of subjectivity. By the subjectifying of our worlds through externalization, we are able, paradoxically enough, to share communally in the nature of internal experience. . . . But perhaps more important still, externalization makes possible the containment of terror and impulse by the decorum of art and symbolism. . . ."[8]

Third, the relation of myth to rational thought. When there are so many sides to the question, as there are in this instance, one is apt to end up with, if not the most valid line of inquiry, at least the one most congenial to one's original conceptual scheme. David Bidney's point of view appears to me to be both clear and reasonable:

"Myth originates wherever thought and imagination are employed uncriti-cally or deliberately used to promote social delusion. All mental functions may contribute to the formation of myth, and there is historically an essential similarity in the psychological functions involved in its emergence and diffusion. All that changes is the type of myth which prevails at different times and in different cultures. In pre-scientific cultures animistic myths and magical rites tend to prevail. In our secular, scientific cultures we have naturalistic social myths reflecting ethnocentrism and deliberate falsification in the interests of propaganda. The social and political myths of our time, the effective social faith which guides national policy, are often the product of the divorce of scientific thought from the social values and beliefs which motivate our conduct."[9]

According to Bidney, there have been two basic approaches to the interpretation of myth, the literal and the symbolic. Of the former, he writes:

"Evolutionary, positivistic ethnologists, such as Tylor, have regarded myth negatively as a mode of explanatory thought destined to be superceded by scientific thought. Functionalistic ethnologists, such as Malinowski, have evaluated myth in terms of its pragmatic function in resolving critical problems which affect the welfare and destiny of the individual and his society. Myths are then said to validate institutions and rites. They are rationalizations introduced to justify established social facts. Pragmatic philosophers and sociologists, such as Sorel and Pareto, have recognized cynically the fictional character of myth but have nevertheless justified its use as an instrument of policy and social control."[9]

Referring to the second group, Bidney writes:

"On the other hand, idealistic philosophers and theologians have, from

ancient to modern times, interpreted myth allegorically as symbolizing some transcendental, timeless truth but have differed among themselves as to the nature of the object and truth so symbolized."[9]

The significant aspects of the mytho-poetic process may be restated as follows:

1. We have the ongoing activities of a given society, including undesirable effects arising apart from the will and intent of the members of this society.

2. There are the associated felt reactions of a distressing or disturbing nature.

3. There is the subjective explanation, which is objectively false but expressed in terms of referents external to the individual. The myth through the device of metaphor allows for illusory solutions in the absence of real mastery over some of the harsher realities of life.

These three aspects of myth—the source in an external and irreconcilable situation, the translation of felt reactions into metaphorical terms, and the organized quality of the resulting production—are analogous to the three variables discussed in connection with dreaming—namely, behavior, felt reactions, and metaphor. The myth is characterized by the same paradoxical qualities noted in the dream, that of compelling belief, yet at the same time having delusional quality. The essential difference between the two states lies in the fact that in the mythopoetic process the source of the compelling behavioral reactions is spatially external to the individual, whereas in the dream it is external only in the sense that the physiological event is experienced as separate and apart from the psychological event.

A further analogy perhaps exists in connection with the relationship of the newborn human organism to the problem of cultural continuity on the one hand and, on the other, the daily reemergence of waking consciousness at the end of the sleep cycle after repeated bouts of partial awakening experienced subjectively as dreaming. The culture that surrounds the newborn and developing human being presents him with more than he can absorb at any given moment. In a like manner the dream recapitulates and states more than the individual can absorb into his immediate waking experience.

III. DREAMS AND MYTH: Field workers in anthropology have interested themselves in dreams from the point of view of the role dreams play in a particular culture, the light they shed on the customs and traditional beliefs, their connection with the prevailing myths, and their role in cultural continuity. Dreams are dreamed by particular individuals in a culture; the question therefore arises as to how and in what manner the unsolved problems of the individual are related to the unsolved problems that characterize the particular cultural setting. In other words, we are posing the question: If a group of human beings living in a particular culture faces a certain array of unsolved problems as a result of the limits of their own development and the circumstances in which they find themselves, and if they have, in the course of their history, camouflaged those areas where their mastery over their environment has failed by their adherence to mythological beliefs, are we then not correct in focusing our attention on this state of affairs in our evaluation of the dream?

Many writers have called attention to the close relationship between dream and myth. Dreams of preliterate peoples reflect fragments of the prevailing mythology in a manner that is readily

detectable to an outside observer. However they may be manipulated by the individual dreamer, the fact remains that the myth exists as an entity apart from himself, and one that is consciously or unconsciously assumed as real. These socially sanctioned foci of belief come to life in the dream as sources of support or as sources of anxiety, depending on the underlying nature of the immediate conflict.

By way of a summary statement we may delineate three evolutionary stages in the study of this problem. In the first stage there was the introduction of speculative hypotheses on the connection between myth and dream by psychoanalytic writers beginning with Freud,[10] and further developed by Abraham[11] and others. The second stage witnessed the emergence of ambidextrous scholars like Rivers[12] earlier, and Roheim,[13] Devereux,[14] and others more recently, who were knowledgeable in both psychoanalysis and anthropology and who, in their field studies, sought and found confirmatory evidence of classical psychoanalytic tenets. Current trends, characterizing stage three, reflect a qualitive change in the approach to the problem in two respects: first in the emphasis on manifest content, and second in the efforts to introduce quantitative measures in the assessment of dreams and culture. The approach became more open and exploratory and less concerned with the validation of a priori psychoanalytic concepts. I have reference to the work of S. G. Lee[15] on social influences in Zulu dreaming, the as yet unpublished studies on Yir Yoront dreams by David M. Schneider and R. Lauristan Sharp,[16] and the both intensive and extensive study of dreams from Hopi informants by Dorothy Eggan.[17-20] The writings of the latter provide many clear examples both of the general cultural referents

of the dream and the specific dynamic interaction between manifest content and the Hopi myth and folklore. On the question of the general cultural referents of the dream Eggan writes:

"The answer to the question of whether dreams can be used cross-culturally lies in part in the degree to which dreams can be considered both a projection of the personality and a reflection of the culture. On these points there is much affirmative evidence, both experimental and ethnographic."[20]

On the specific relation to myth she notes that in a series of 310 dreams from a single informant gathered over a twenty-year period, fully one-third reveal the use of specific folklore characters or themes in the manifest content and these are effectively applied to the solution of personal problems. Referring to this informant, she writes:

". . . in the absence of an acceptable reality solution, we find an interesting interaction between the problem solving quality in tribal myths and his dreams, so that through the fusion of personal and tribal fantasy he is able to deal with anxiety in a somewhat impersonal manner, a device which gives him a reassuring sense of identity with his people, even during periods of conflict with them."[20]

Bourguignon, in a study of Haitian dreams, comes to somewhat similar conclusions:

"Dreams furthermore act as channels for the development of idiosyncratic modes of worship and lend support to whatever mythology exists, which itself is largely based on anecdotal material about the gods. This mythological material, in turn, furnishes the basis for dream interpretation and for the manner in which dreams are experienced."[21]

Concerning the personal use of myth in dreams, Eggan writes:

"Clearly, then, there is an interaction between Sam's (an informant) dreams and Hopi folklore. He not only uses folklore in dreams, but his dreams in turn modify the way in which he interprets folklore situations. By manipulating the problem-solving quality both of myths and his dreams, his fantasies not only give a sense of reality to his desire to be wise, strong, courageous, a good runner, and a good hunter who is honored by his people, and pleasing to and protected by supernaturals: but he is also frequently able through fantasy to operate within the cultural stock of imaginative happenings—elaborated or distorted to be sure—but still familiar enough to give him a reassuring sense of identity with his people, even when rejected by them." [19]

In a quantitative analysis she found that "one-third of these 310 dreams use specific folklore characters or themes, many combining several of these, and all applied effectively to Sam's (pseudonym) personal problems." [19]

When we come to explore the relationship of myth and dreaming within the framework of our own existence, there are points of similarity and difference to the situation prevailing in primitive cultures. It is the same insofar as myths exist and gain expression in the content of dreaming. It is different in that, in contrast to the relative ease with which myth can be discerned in primitive society, the discovery of myth in our own milieu involves the effort of taking a look at our own insides—a feat even more difficult for a society than for an individual.

Sapir,[22] Kluckhohn,[23] Opler,[24] and others have called attention to the cultural patterning that plays so large a part in our lives. We are subjected to this cultural patterning before we are aware either that it is occurring, or aware of anything about the nature of the patterning. As humans, we find ourselves in the self-conscious and often quite difficult position of having to take a second look at a rather fragile and vulnerable product which is not by any means completely of our own making.

The overt difficulties, the symptomatology of illness at a manifest social level, are receiving more and more attention. The covert influences remain to be uncovered and understood in their influence upon the individual. The difficulty, of course, does not lie in the existence of covert patterning influences per se, but only so far as exploitative or manipulative influences operate to limit, alienate, and, to use LaBarre's term, emotionally disfranchise the individual. He refers to this in the following context:

"Success in our capitalistic society means the obtaining of what others may not have; it is the exclusiveness of achieving the statistically rare. Yet, strangely perhaps, a majority of humble supporters of this dispensation empathize with the figure on the dizzy pinnacle, ignore their own statistical chances of this invidious success, and delude themselves (with) the fantasy that it could be they. . . . Not all individuals in a given society are permitted to achieve success; therefore some individuals must be emotionally disfranchised for the benefit of others." [25]

The situation is stated more incisively by the sociologist Robert S. Lynd:

"Liberal democracy has never dared face the fact that industrial capitalism is an intensely coercive form of organization of society that cumulatively constrains men and all of their institutions to work the will of the minority who hold and wield the economic

power; and that this relentless warping of men's lives and forms of association becomes less and less the result of voluntary decisions by 'bad' or 'good' men and more and more an impersonal web of coercions dictated by the need to 'keep the system running'."[26]

The hypothesis here propounded is that emotional disfranchisement is as much a symptomatic outcropping as political disfranchisement or any other unwelcome ethnocentric blight. It implies that emotional unrest has its sources in the unsolved problems characterizing a particular society. Children may suffer many injurious acts on the part of parents. What these parents do in these separate acts are wrong, mistaken, or traumatic, and as such are injurious to the child. Equally important, however, is what the parents are and to what extent the social milieu they provide reflects an effective struggle against all elements in a given society that curtail freedom, spontaneity, a sense of belongingness, and the capacity to care for and regard the rights of other individuals. What is crucial in terms of what happens to the child, that is, whether he becomes truly socialized or superficially socialized and basically alienated, is related to the relative success the significant figures in his immediate milieu have in this struggle just outlined. This determines the level of his immunity to the occurrence of specific noxious stimuli whether from the parents or other sources. Viewed in this manner, idiosyncratic neurotic behavior represents a misdirected and ultimately self-defeating attempt to cope with the limiting influence of certain prevailing socially patterned modes of behavior by altering the emotional climate between the individual and the significant adults in his environment. The affective concomitants of behavior betray the meaning of the social referents to the individual, whereas the symbolic expression reflects the gap, if any, between the personal and the social meaning of the behavior in question. Normality implies a unity among the three sets of variables mentioned earlier—behavior, affective reaction, and symbolic expression—and, by the same token, neurosis would imply a dysequilibrium among them. Normality here is not used in a judgmental sense to connote the quality or value of a person, but simply to indicate the ability to grasp accurately both the social and personal referents of behavior and to reflect this knowledge in symbolic expression.

IV. THE SOCIAL REFERENTS OF THE DREAM: The essential point, as far as the relevance of the preceding comments to dreaming is concerned, is that whereas psychoanalytic writers have greatly enlightened us as to the mechanism of unconscious processes—namely, how the individual copes with forces influencing his behavior and which are not understood by him—there is a great deal of confusion, disagreement and ignorance about precisely what is the source and nature of these unconscious motivating factors. It is in relation to this problem that concern with social myth assumes importance. Here we have a reservoir for what is collectively unknown or unconscious, and one that in some manner articulates with what is personally unknown or unconscious. The personally unknown or unconscious is, in the last analysis, derived from, and related to, that which is socially unknown and unconscious, regardless of the particular idiosyncratic mode of expression in any one individual.

One of the implications of this point of view, of course, is that it immediately relates therapeutic progress to social insight, as well as personal insight. I mean by this that one of the limitations im-

posed upon the therapeutic enterprise is the extent to which the individual can become free to examine the prevailing values that are implicit in his way of life. Where this capacity is impaired or lacking, progress can take place, but only up to a certain point— and even then it remains contingent upon the future intactness of the social milieu in which these spurious values are embedded. We tend to overlook this by easily come-by rationalizations concerning the limitations of the individual, the irreversibility of certain character disorders, and so on, but in reality we are simply up against the type of two-pronged problem with which the therapeutic situation itself is not geared to deal—namely, the intermeshing of personal and social psychopathology, with the latter exerting the stronger influence. This idea is, perhaps, highlighted by the great difficulty in the management of addicts and chronic offenders where therapeutic efforts have to extend beyond the doctor-patient relationship to broader social measures. But this is only a caricature of what prevails in the case of any neurotic problem.

Our main emphasis as therapists has always been on the characterologic and personal conflictual referents of the dream. Each dream element, however, expresses not only the personal and subjective, but also an historical and social referent which actually exists or did exist. The objects depicted and their quality, their social meaning, have real external referents. When a woman dreams of a reference to her own sexual organs as a head of lettuce encased in the empty shell of a cantaloupe situated on the shelf of a supermarket, she is saying something about her own personal sexual problems and at the same time making a statement about an aspect of social life. The per-

sonal referents arouse our interest. The social referents are generally not pursued to any great degree. Briefly noted, the personal referents for the example given are:

1. Sexual organs are seen as separate from her functioning self.

2. Sexual organs are seen as objects.

3. The object is made of leaves which are completely closed.

4. The object can be bought and sold.

5. There is an impersonal anonymity to objests lined up on the shelf of a supermarket.

The real life situation to which this symbolism alludes may be analyzed in relation to the three variables noted:

1. Involvement in a situation of incipient sexual activity occurring apart from her own will and intent and at the instigation of her husband.

2. Affective concomitants of irritation, compulsion, guilt, and constraint.

3. Resolution through pseudo-acquiescence and preparatory sexual activity involving the use of a diaphragm.

Here we see the disunity between behavior, affect, and symbolic expression. The important point is that, although the factors predisposing this individual to this disunified reaction are imbedded in her own genetic development, they can emerge only in the presence of existing social referents that can be used or misused for the purpose of rationalization. The social referents may be similarly noted:

1. We live in a society where the capacities of individuals are sometimes treated as objects divorced from the person: labor, brains, beauty, talent, sex.

2. These separated capacities are bought and sold.

3. The exchange value and laws of the market place tend to automatize and impersonalize the transaction.

4. There exists in the nature of the

external referent a detachment or separation of the individual from the commodity he needs or uses. His real relation to the commodity is obscured and his relationship to it is determined by its manifest elements—the object exists as something apart from himself which may or may not be purchased.

These external or social referents reflect significant aspects of the social structure. They assume importance when one considers that insight is not knowledge, but knowledge combined with the ability to change behavior. A new equilibrium through insight cannot be achieved unless and until it can be concretized in activity.

It is, of course, a relatively easier task to expose a neurotic mechanism than to change it. The difficulty of effecting a change, the working through, the struggle against resistance, is one that involves not only the exploration of how these mechanisms articulate with other dynamic aspects of the personality, but, of equal and perhaps greater importance, how this trend pays off— that is, the pragmatic value created by the sociopathologic environment bathing and nurturing the trend. The individual is pulled back not only by the weight of his own past experience, but also by the external reinforcement that is ever on hand in the surrounding social milieu.

The view presented differs essentially from the classical Freudian position insofar as it considers the source of unconscious motivating influences as linked to specific experiences in a given social and cultural milieu and not as originating in the biological nature of man, or as due to man's inherent vulnerability because of his extreme dependence on symbolic processes. Furthermore, it assumes no a priori identification of unconscious processes as intrinsically or potentially trouble-some. In a sense, this point of view is an affirmation of a belief in the collective unconscious, not in the Jungian sense, but as something currently recreated for each individual as he participates in the cultural matrix long before there is any clear registration in awareness of the nature of the enculturating process. It is essentially a unitary view of man's nature and predicated on the view that where pathology exists in the psychic sphere, as well as in the physical sphere, our first task is to gain an accurate knowledge of the exact nature of the noxious agent at work. When functional alterations in consciousness occur, as in states of dreaming, the key to their understanding lies not in such dualistic concepts as the return of the repressed and the corollary concepts of wish-fulfillment and disguise, but in the basic notion that an individual in a state of partial arousal is striving to express in a very concrete way the totality of factors, some known, some unknown, governing his reactions to a specific life experience. While dreaming, no less than while awake, we are dealing with the same unitary structure, capable of the same logical incisiveness, but functioning under different conditions of afferent input, internal organization and behavioral effect. We are not dealing with a fragmentation or compartmentalization of the psyche, but rather with the relative dominance of a concrete and experiential mode of expression over an abstract and referential mode.

SUMMARY

Historically, current dream theory arose in close connection with the problem of therapy. Its development has been weighted in the direction of sharpening its therapeutic efficacy. Increasing knowledge of the sleep-waking

cycle suggests the need for changes in one direction—namely, clarification of the biological adaptive role of the dream. The developing interest of anthropologists and the usefulness of the dream in studies of culture and personality suggest the need to orient further investigation along the line of a greater concern with the potential of the dream as a tool with which to extend our knowledge of the molding influences of the social and cultural milieu of the individual. Current anthropological investigations relating to the manifest dream content are reviewed and their implications for psychoanalytic theory and practice are discussed.

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DISCUSSION

WALTER BONIME, M.D., NEW YORK: In describing what he calls "stage three" in the evolution of approaches to the study of the relationship between dream and social myth, Dr. Ullman characterizes it as "more open and exploratory and less con-

cerned with the validation of a priori psychoanalytic concepts." This is a high academic standard, but even more important is it for this standard to characterize therapy. The greatest value in this paper, with all its stimulating academic aspects, is its facilitation of a "more open and exploratory" approach to the patient.

Before going on to the clinical portion of Dr. Ullman's contribution, I wish briefly to consider some theoretical questions—questions, however, that also have important bearing on treatment. These concern metaphor, emotion, and distinctions made between processes of sleeping and waking consciousness.

Dr. Ullman says that metaphor in the dream state is "an integral part of a process of self-confrontation, concerned not with the intelligibility and meaning of a given experience, but rather with the felt reactions associated with that experience." This establishment of a basic separation between meaning and "felt reaction" obscures the relationship between meaning and emotion. It is essential always to bear in mind in clinical practice that there can be no affect without meaning. An individual feels a certain way because a situation has a certain meaning for him, whether or not he can recognize or communicate that meaning. An "affectual trace" in a dream is not a special phenomenon of dreaming, but a feeling whose conceptual source is unrecognized, just as it may be in waking consciousness. In the waking state it is common for people to feel angry, anxious, low, discouraged, and not know why. In the waking state, as we seek to communicate, I believe that many metaphors occur fleetingly, which we discard simply because they do not convey meaning either to ourselves or to another. In the dream, feeling may be associated with a metaphor which has not been discarded for failure to communicate and which is remembered on waking. This dream metaphor, which has not been discarded because of its failure to serve communication purposes, conveys nothing until we have investigated it. It is just this process of rejecting metaphors in the waking state that we interrupt in practice, and

which constitutes much of free association. Furthermore, authentic meaning and authentic feeling are often lost because they are subjectively discarded in the individual's efforts to convey meaning and to communicate feelings—either or both are distorted to convey meaning or feeling that conforms with personal or social myth. The pursuit of the authentic feeling in waking and dream experience is a central aspect of therapy. The attempt to separate out feeling, whether as reactivated "affectual traces," as "residual and unresolved emotional aspects," or the "felt reactions" contrasted with the meaning of experience, impedes, I believe, the clinical pursuit of understanding of the reality of the patient.

I should like now to comment on another theoretical question regarding dream consciousness, because much confusion as there is about the nature of myth, I believe the nature of the dream is phenomenologically even less definable at this state of our knowledge. Dr. Ullman contrasts the spatio-temporal interconnectedness characteristic of waking thought with the spatio-temporal relation experienced synchronically in the dream. I believe, though, that the spatio-temporal relation experienced synchronically in the dream is also experienced synchronically in waking thought, but a further process is added in waking consciousness that is not added in sleeping consciousness: the selective arrangements making for interconnectedness and communicability. Descriptions of the creative process expressed by numerous writers and poets indicate strikingly the dream-like spatio-temporal synchronism out of which ordered interconnectedness is fashioned. While these creative experiences have been reported self-consciously by individuals whose lives are preoccupied with creativity, they have merely described a process which takes place to some degree, I believe, in every conversation.

To proceed now to the clinical aspects of Dr. Ullman's paper, I should like to begin by saying that I fully endorse the thesis that the exploration for and application of recognized social referents of dreams to therapy is an important clinical approach.

An extensive documentation of this thesis would, I feel, constitute a valuable contribution to the literature on psychoanalytic technique. I wish to discuss the topic in relation to resistance and feeling in dreams.

A brief dream from a young man in analysis with me several years ago illustrates some violent competitiveness and its social referents. Shortly after his wife, partly in response to his urging, also entered analysis with me (I do not adhere to the myth that this is either impossible or unwise) she began to show significant involvement in the process. One evening after having cried through a session she returned home and reported the experience to her husband. That night he dreamed that I was lying on top of his wife in intercourse and he started to search for a kitchen knife to plunge in a single murderous thrust that would dispatch both of us. Awake, his fury arose chiefly from the fact that I had the power to elicit emotions in his wife. Competitively, he was angry, not that I had made his wife unhappy, not because he had fantasies of sexual seduction, but that I had the power to arouse such deep feeling. Competitively, in his dream, he retaliated, killing me for affecting his wife and killing his wife for responding. The social referents, quite in contradiction to his professed credo, involved his desire to enforce the old tradition of a husband's complete dominion over his wife, to deny her any meaningful activity or existence apart from him. Such a relationship represented a demand for a decided competitive advantage over his wife, this male-female inequality being another referent from our culture —one supported, incidentally, by many pseudo-scientific and folk myths. The violation of this inequality, her making independent use of her analysis instead of continuing to appeal to *him* for help, was expressed in terms also of social reprehensibility, in terms of infidelity.

While this is a dramatic example, further complicated but also sharpened and clarified by husband and wife being with the same psychoanalyst, it represents a common source of resistance. The pursuit of any problems that threaten to deprive the patient of competitive advantage over others, whether this be of an operational or retaliatory nature, or the pursuit of any problem which indicates in the patient's framework a yielding of a competitive advantage to the analyst, will be resisted subtly, persistently, and strongly. This struggle is always reflected in resistance dreams. Employing these dreams in terms of the individual's history and his present behavior, and also in terms of the nurturing socio-pathological milieu, will be, as Dr. Ullman urges, of greater therapeutic benefit than the pursuit of any one of these aspects alone.

The dream of another patient vividly demonstrates a social referent, the very common covert belief in the importance of hiding one's emotions. This man, who required persistent inquiry and encouragement to include affectual components in his analytic productions, dreamed of driving his new car, which had a special gadget on the dashboard. This was called an eliminator. He immediately interpreted it as an "emotion-eliminator." He resented the man seated beside him, identified as the analyst, for removing the gadget. Unique as may be the genetic reasons in any particular individual for "playing it cool," for concealing one or another or all feelings, the disguise of feelings is a prevalent practice, a common aspect of personality, a widespread covert credo in much of our Western, or at least American, culture. It too often has a competitive aspect based on the recognition that in our pervasively manipulative interpersonal exchanges, advantages are to be gained either by playing upon or exposing another's emotions. With many, the mere mastery, that is, the hiding of external manifestations of feeling, represents a superiority over other people, while the term "emotional" becomes a derogatory designation.

A young man came to his first session of analysis with a previous night's dream in which he was passionately copulating, his trousers pulled down on his thighs as he revealed both his bare buttocks and his passion to a contemptuous, derisive man sitting behind him on a tennis umpire's raised chair. An important social referent

of this dream is the commonly found disdain for those who reveal deep feelings.

These and related social referents of the affectual life represent some of the most intense aspects of resistance. They are involved in the patient's reaction to the therapist and also are involved in the trends that "pay off," as Dr. Ullman describes them, that have, as he says, "a pragmatic value created by the socio-pathologic environment" which gives them constant "external reinforcement." (Unfortunately, the patient's sense of the value of appearing to have no emotions sometimes receives reinforcement from the social milieu created by the analyst.)

In closing I wish to say I agree basically with Dr. Ullman that much of the pathology reflected in dreams derives from psychopathogenic forces in our culture. I agree that these forces also tend to support the patient's stake in retaining his particular warp of personality and to counter the new kinds of activity without which insight can have no substance. One of the commonest of these forces is the competitiveness of Western culture. The patient so often claims, for example, that he has to compete in order to survive in this world. And this is true, up to a certain point. But here, I feel, it is essential that we as therapists carry Dr. Ullman's evaluation one step further. While we may help our patients to see the sociopathogenic forces with which they do, and will within their lifetime, have to contend, forces such as those of male-female conflict, of cynicism, of mutual exploitation, of power struggle, it is also important to assist patients to recognize those spheres in which the human potential may be successfully and more richly realized. In limited areas genuine co-operation, mutual warmth, trust, solicitude, may be developed in various and intense degrees with spouse, children, friends, and importantly in the therapeutic relationship itself. Without the clear inclusion of this positive realism there is some danger that both resistance and the therapeutic pessimism of interminable (or prematurely terminated) analysis may flourish, as blame is

shifted from mythical instincts to incontrovertably real social forces.

HAROLD KELMAN, M.D., NEW YORK: Dr. Ullman's is an "essentially unitary view of man's nature and (is) predicated on the view that where pathology exists in the psychic sphere," it exists as well "in the physical sphere." Other statements in his presentation indicate that he might add "and where healthy exists in the psychic sphere it exists as well in the physical."

Starting with these quotes is to say I find many aspects of Dr. Ullman's ideas congenial to my own, not only in this presentation, but as I have observed their evolution in his publications. I refer to the direction of his thinking, its evolutionary and exploratory nature, and its unitary viewpoint. I shall attempt to present my definition of unitary, my notions of symbolizing and of the dreaming process as bases for discussing certain points in Dr. Ullman's paper.

By unitary or holistic, I mean that the pattern of living is integrating; that living is dynamic, directional, and can be formulated as a hierarchy of systems in oscillating equilibrium and describable in process language; that theories of living must take into account all aspects: from the physical to the psychological, from the individual to the cosmic: all values, from those relating to facts, aesthetics, and morality through the existential, to the spiritual ones; from what is scientifically explainable to the formless, which can be simply pointed at and intuited for each to look at, see, and experience in his own way.

This is of course an aspiration, and an urgent one if we are to survive on this planet. Thinking and feeling in universal categories can no longer be rejected with the cynical epithets of "mystical or "metaphysical verbiage." Why such vast visions and such encompassing attempts for such a short paper? Because the paper deals with man, and in the main topics discussed—dreaming and myths—hardly an aspect of man through time is not touched upon.

The needs for universal and unitary models of man to deal with dreaming and

myths are essential for these reasons and many more. Man has dreamed throughout recorded time. Human beings at all times, in all cultures and civilizations, have been awed by and interested in their dreams, had theories about them, and attempted to understand and interpret them.

"Dreaming appears to be an intrinsic part of normal sleep and, as such, although the dreams are not usually recalled, occurs every night in every sleeping person. . . . There appear to be no exceptions. . . . Total sleep time, six hours fifty minutes; total dream time, eighty minutes; percentage of dream time, nineteen point five. . . . A certain amount of dreaming each night is a necessity. It is as though a pressure to dream builds up with accruing dream deficit during successive dream-deprivation nights. . . . There is a more or less quantitative compensation for the deficit. . . . It is possible that if the dream suppression were carried on long enough, a serious disruption of personality would result. . . . Psychological disturbances such as anxiety, irritability, and difficulty in concentrating developed during the period of dream deprivation, but these were not catastrophic. . . . The most important fact was that *none* of the observed changes were seen during periods of control awakenings."[1]

These findings have become possible through the application of the scientific method and are based on our expanded knowledge and techniques in neurophysiology. They are in large part the outcome of Kleitman's extensive studies on sleeping and dreaming. Dr. Ullman has suggested many fruitful hypotheses regarding the neurophysiological substrata of dreaming. He, Kleitman, Dement, and others assert that dreaming goes on while sleeping. I feel they are pointing at certain objective facts as evidence of dreaming when I feel that all they can infer is that psychic activity with physical concomitants is what is obtaining during sleeping. Psychic activity during sleep can also be inferred from the resolution of problems on waking and from the creative solutions seen in dreams. But as I define symbolizing these happenings are not possible while sleeping, but only

while becoming sleeping and becoming waking.

The above quotes point at something quite crucial about the nature and fact of creative, curative, and life-affirming and maintaining processes in the psychic activity going on during sleep, which they call dreaming. The psychological disturbances they find on dream, but not sleep, deprivation with the suggested possibility of serious personality disruption if "dream suppression were carried on long enough" is valid. It is suggested evidence that where the growth possibilities and the creative potentialities present in all human beings are interfered with they become mentally ill and, I would say, eventually they die psychically, spiritually, and—even—physically.

There are more universals in regard to dreaming which can be delineated. Dreaming is a universal language in which all human beings formulate and communicate their most immediate and ultimate concerns. No other aspects of human expression, including the arts, uses as many forms, from the aesthetic to the abstract, as are manifested in dreaming. In dreaming each individual approximates toward being the universal man in the genius of his artistry and his memory, to mention but a few manifestations of this possibility. All aspects of human being and being human are portrayed in dreams. In dreaming all aspects of past, present, and future are portrayed and the manifold dimensions of being from the yet unmanifest to the most concretely manifest. There is no feeling, no value, no thought process not portrayed in dreaming, and dreaming goes on from infancy through sensecence. Dreams manifest individual, group, and cosmic reference. All human capacities are portrayed. All manner of human problems are met with and their solution and resolution are attempted by all possible means.

In dreaming we are all at the precipice of the vast unknown common to the human race, the collective unconscious, not in Jung's sense, but more as Dr. Ullman has suggested it. And it is at that growing edge where human paradoxes are experienced, where dying to live through choice-

ful leaping into the unknown takes place. It is through such aware choosing of anxiety possibilities, which is courage, that authentic being emerges, genuine creativity and the experiences universal to the whole man come into awareness. They can be formulated and pointed at only in models approximating toward the universal.

For formulating, explaining, understanding, and communicating what is essentially human a universal notion is necessary and that notion is form or, more accurately, forming in its present participle form. Then forming is functioning and functioning is forming. Thereby, we do not create in the first place, to then have to invent ways of undercutting, such as existentialism is attempting, the spurious oppositional dualism of form versus function.

Symbolizing[2] is one aspect of forming. I define symbolizing as, metaphorically, a spiral starting with pure fact (Northrop), chit (Hindu philosophy), tathata (Zen), hsing (Chinese philosophy), or the ground is *being*, in existential terms.[3, 4] There are those levels of the spiral which are prelogical or preationative evolving to the rational, the logical, to the highest order of abstraction. I define the self-system in terms of my notion of symbolizing. It takes into account all aspects of being from the physical to the spiritual, the individual to the cosmic, all that I feel is subsumed in the existential notions of *eigenwelt, mitwelt, umvelt*. By bracketing in, as is done in phenomenology, we delimit those areas of interest referred to as biochemistry at one end and comparative religion at the other, in a continuum from the material-individual to the cosmic-collective. At the same time, we define the models which are symbol constructs that function as theories generically and individually relevant to each of these disciplines in the spectrum pointed at.

With the above condensation of some of my views on forming, symbolizing, and dreaming, enough contextual background is available for commenting on some points in Dr. Ullman's paper.

Much in his first four points about dreaming I began to suggest in 1944,[5] when

I said dreaming, as I defined it, is not possible while sleeping and only happens on becoming sleeping and becoming waking, mostly during the latter. Kleitman has confirmed my viewpoint in his studies on sleeping and dreaming although I feel he inaccurately refers to inferred psychic activity while sleeping as dreaming. Dreaming while becoming sleeping was drawn to my attention by one patient whose only dreams occurred falling asleep. However, even with resolving the psychically determined forgetting of such dreams on the part of many other patients, the number of falling asleep dreamers as compared to waking up dreamers was still very small.

The theory of symbolizing and of dreaming that I have suggested would be consonant with Dr. Ullman's notions regarding the mythopoetic process, because to me interpreting dream symbols means the experiencing and understanding of the symbols in their reference to past, present, and future, to self and others, to meanings acquired from indivdual, familial, group, cultural, and cosmic sources. The examples given to indicate the individual and cultural referents in dreams of other cultures are understandable and interpretable from my viewpoint. Even before the *Neurotic Personality of Our Time*, Horney was already emphasizing the cultural referent aspect of character development and of understanding dreaming in such terms.

I find Dr. Ullman's extensively discussed example of the woman who dreams of her sexual organs as a head of lettuce, in an empty shell of a cantaloupe, on the shelf of a supermarket, from my own viewpoints regarding symbolizing and dreaming, as quite understandable from the patient's individual and cultural referents.

Our differences of viewpoint show up in how I define symbol and symbolizing and symbolic. I had to omit discussion of the epistemology of symbols and symbol functions, as I see them. My position on symbolizing and dreaming differs with that of many others. For me, symbolizing is a phenomenologically descriptive term and basic to theories of epistemology. Of course, we have the terms literal and symbolic. A sym-

bolic symbol, as I understand Dr. Ullman and others use of the term, is saying that that particular symbol has many more aesthetic and emotive components than another symbol, and that for its meaning to be experienced requires many more associative connections to grasp its greater dimensions. A literal symbol means one that has immediate, objective and concrete external reference—literally a table or literally the letter X. I feel saying that something is more symbolic than something else is confusing usage. It only means something requires more associative connections to be understood and experienced. Starting with the process in symbolizing, according to my definition, it follows that analogy and metaphor are forms of symbolizing and add their richness to human formulating, creating, communicating, and living.

I felt I could contribute more in my discussion of Dr. Ullman's paper by defining my position, indicating similarity of direction of interest and of thinking and familiarity in working with such viewpoints in theory building and in therapy. Given more space, I could have pointed out further differences of emphasis and interest. In his basic thesis regarding "The Social Roots of the Dream" and the nature of the mythopoetic process, I find much that is congenial and stimulating.

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FREDERICK A. WEISS, M.D., NEW YORK: Dr. Ullman's paper is an important step forward on the road toward a holistic concept of dreaming. He rejects the mechanistic-teleological formulation which sees the dream merely as the "guardian of sleep," he rejects dualistic concepts which see dreams as the return of the repressed, or as expressions of wish fulfillment, and he rejects the view that dream symbols are disguising impulses.

From a dynamic viewpoint, however, the role and the meaning Dr. Ullman assigns to the dream still appears too limited in scope. In dreaming, he says, "the individual forms a statement that represents a total assessment of the currently disturbing life situation, and the defensive mechanisms by which it can be handled." This formulation gives the dream the quality of a mainly reactive, defensive, and almost conscious phenomenon. Dreaming is an active creative process, an essential aspect of human life and growth. It fulfills a basic organismic need, as Kleitman's and Dement's work on dream-deprivation has confirmed.

Unconscious processes are not only "not intrinsically or potentially troublesome," but often highly constructive and superior to conscious processes in providing valid insight and motivation, particularly in dreams, as I have shown in my paper on "Constructive Forces in Dreams." The "currently disturbing life situation," the frustration, anxiety, or rage about an unsolved conflict may start the dream. Dreaming, however, is a comprehensive process which crystallizes in dynamic symbols the total emotional state of the dreamer, his needs, anxieties, conflicts, and attempts at solution which may be more neurotic or more healthy according to the changing character structure of the dreamer.

Symbolization in dreams has as its almost inexhaustible source the dreamer's total life experience: childhood, adolescence, and later life, be it conscious or unconscious at the time of the dream. No longer restricted by compulsive focusing on the pressing needs of the day, the inner horizon of the dreamer widens. The possibilities for self-awareness increase. The alienation from our true feelings, from our selves, is temporarily lessened. The dream has access to repressed aspects of our past and to rejected aspects of our selves: neurotic as-

pects which we have denied or idealized, as well as healthy aspects such as the courage to be and realize ourselves, which we were afraid to experience and to express. Thus the dream becomes "a door to the larger self" and, therefore, one of the important factors in the process of growing self-awareness, which is the basis of any effective therapy.

Dreaming synchronizes past, present, and future as it is also often done by the creative artist. But I cannot agree with the concept that "the human being is looking forward while awake and backward when asleep." The past enters the dream, but not because the dreamer looks backward. The past enters the dream as a dynamic symbol of the present. It is called forth by the emotional constellation of the present. At times of increasing anxiety, past symbols of dependency and helplessness may enter the dream. At times of lessening alienation and stronger self-feelings, constructive feelings of the past may enter. Chronologically, they lead back to childhood or adolescence, dynamically however they are by no means regressive. They may indicate constructive moves in which the patient reconnects himself with a time when his feelings were more genuine, when he was able to take a stand for himself, when he had a greater sense of personal identity.

Myths have been called the "dreams of nations" (Abraham). Such collective dreams of nations do not merely allow "for illusory solutions in the absence of real mastery over some of the harsher realities of life." Irrational myths may become powerful enough to affect reality even in our time. The myth of "blood and soil" helped Hitler to achieve real mastery which destroyed millions of human lives.

Man is a bio-social organism. Social factors and social values may, therefore, enter the dream as they become part of the dreamer's life experience. Myths, however, as well as social and cultural symbols, as,

for example, the cross or the swastika, enter the dream only to the extent and in the way in which they are appropriate and pertinent symbols of the dreamer's *personal* experience and conflicts.

How essential it is to see the dream as a symbolization of the dreamer's most personal experience may be illustrated in connection with the dream to which Dr. Ullman refers. The woman who symbolizes her sexual organs as a head of lettuce in the empty shell of a cantaloupe on the shelf of a supermarket, reveals an extreme alienation from herself, her feelings, her body, and her sex organs. Her dream reflects her market-orientation (Fromm), a reification of herself, a distortion of the I-Thou into an I-It experience (Buber) in her interpersonal relationships. Such orientation may be fostered by the culture in which she lives. The dream however is specific and characteristic of the experience of this individual patient. Over-emphasis on the impact of the general marketing character of this society can easily blind us to the very specific meaning of the dream and the underlying emotional conflict.

Even in this society very different, less alienated, less "marketing" forms of experiencing and, therefore, of symbolizing one's sexual organs are possible and prevailing. The individual is by no means a passive object molded by the surrounding culture. The healthier he is, the less he will be compelled to adapt himself uncritically to the prevailing values of his environment and the more able and eager will he become to change the environment and the prevailing values into more human ones which foster healthy growth and self-realization. In my opinion it is one of the tasks of the analyst to help his patient to achieve a solid sense of personal identity, and with it an emotional "immunity level" which will protect him against becoming infected by unhealthy and dehumanizing influences of the surrounding culture.

SEXUALITY IN GROUP PSYCHOANALYSIS

A ROUND TABLE DISCUSSION

EMOTIONAL DISTORTION OF SEXUALITY IN GROUP PSYCHOANALYSIS

Louis E. DeRosis

Tonight I wish to present to you a particular experience which is nevertheless marked by its commonplaceness. I want to demonstrate how the group situation reveals the emotional cross currents in which are occurring the distortions of communication and of relationship to self and to others. I wish to demonstrate further the doctor's task in selecting from the data conveyed, by both explicit and implicit means, that which is potentially the most fruitful for elaborating the growth process. Grossly defined, growth is the deepening sense of freedom to become more available to life's influences, both from within and from without. This freedom of availability is, for this writer, the single most potent factor in the human being's realization of his own self.

Impairing this freedom of availability are all those feelings which undergo a peculiar juxtapositioning. Common examples of this phenomenon may be found in the patient who shows tears when he is angry, or who laughs when he is sad, or shows contempt when he feels regretful, or feels hilarious when he has suffered a loss. As a consequence,

he insults when he wants to show appreciation, or he hurts when he wants to show affection. The male comes to use his genital apparatus as a club rather than as a means for obtaining mutual pleasure with a partner. The female comes to use her sexual organs as a trap rather than as a vehicle where a mutually satisfying engagement can take place. In all these instances, the feeling of being on a common ground with the other, as well as the feeling of inward integrity and of assurance, are being corroded. Eventually, these feelings are displaced by feelings of detachment, bewilderment, and possibly by more complex configurations of response such as hostility or "pseudo-involvement." In man, all of these processes might collectively be said to cause the generation of a sense of emotional isolation and sterility—a no man's land of being. There can be much exchanged over this ever-deepening divide. Communications can be plentiful, but no central affect—feeling of self—is being effected. Hollow answers are given to what are felt only as hollow questions. No important determining changes come about for all

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these dense communications. In our culture, talk too often passes for meaningfulness, whereas its outcome is the elaboration of what Horney called the alienated self.

Our feelings mediate two main functions: firstly, to inform us continuously of the inner and outer world and, secondly—and almost at once—to awaken us to the necessity of moving in context with this imparted information. That is to say, our feelings move us in a manner that furthers our overall felt interests. This would result in a meaningful or contextual relationship to the world and to ourselves. In order for such a development to occur, the person must be continuously available or open to the impact of these feelings, and these feelings must approximate the symbolized essences of being, coming ultimately to awareness as the sense of self. If these events do not occur the outcome is a widening gap between two persons. This leads to the development and maintenance of greater emotional isolation. This isolation makes the attainment of openness less possible. The following group session illustrates the uses made of sexual references in widening the breach, and the doctor's effort to introduce another dimension.

The patients in this group came into the office, took their usual places, settled themselves, and were quiet. The quiet lasted about forty-five seconds, which was slightly longer than their silence tolerance usually lasts. An unmarried, male patient, R, spoke to B, an attractive, unmarried woman of 39, saying, "Will you please sit up in your chair and pull your dress down. I find your thighs too distracting." B made no response. M, a young married man replied jocularly, "What's the matter, R, afraid you'll get pulled in?" R remarked, "Aw, grow up and act your age." He said it with much maturity,

in order to bring M's remarks to a close. B came in with, "Say some more. I like to hear this." She said it provokingly, clearly appreciating M's implication of her ability to pull in an unmarried man. Then M said, "Stop kidding, B, you know of my offer to introduce you to the wonders of sex, and here you are two years later still a virgin!" She replied, "How do you know I'm a virgin?" "Well, you've no boy friend that we know of." "Does that prove that I'm a virgin?" B was expressing some defensive hostility to obscure her growing feeling of guilt because of this imputed inadequacy implied in her virginity. R came in, "Well B, it serves you right. If you had just conducted yourself in a proper way, you would not have brought this upon yourself." R was still smarting from B's lack of compliance with his original request. M was now somewhat repentent for what he had helped to bring on to B. "That is not the point, R," he said." "The important thing is that we have to help to open her up, and one of us has to do it." This was said in a clowning and innocuous manner to denote no rapacious intent. M was demonstrating, rather, a kind of "clinical" interest in B's development. He was also starting to engage R, in order to interfere with his attack on B and to indicate that R, too, should take a therapeutic interest in B's future. At this point, another patient, A, entered into the exchange. A is a 45-year-old, severely deformed polio victim. She said, "I wish you would all stop this foolishness about B's virginity. You are all insolent and I'm surprised that B is encouraging you." B replied, "Are you implying that *I* want something of *these* men?" B was again feeling hostility, this time toward A. And, in addition, she was implying contempt for "these men." M was still in a mollifying

mood and said, "You bet she is encouraging us. You've had it, but B hasn't. She needs it like we need a cancer-proof cigarette." Then he changed his tone to a more serious one. "But honestly, don't you all feel as I do that B has to open up?" At this point, I came in with a reference to the beginning of the hour when R precipitated the direction and mood of the session with his request for B to "close up" her legs. I also recalled to them a previous hour, in which R had described himself as "all closed up and all in pieces like a schizo." The various members then brought in more references to openings and closing with and without the use of sexual symbols. B explored her fears of opening up. "It feels as though a rip-tide would break through. I would be lost in a sea of sex. I'd lose my identity. I might turn into a sex maniac or maybe even into a bisexual like you," referring to M, who had described some of his homosexual fantasies. M disregarded this and turned to R, who has aspirations of being a writer. "No wonder you can't write. You're like B. You won't open up either. Let your dammed up feelings out. The Doc and I will hold you down if you get out of hand." This was said humorously, but also with a sense of reassurance, as if to say, try your legs. We'll catch you if you fall and we won't let it hurt too much. R was visibly affected and looked like a small boy being given his first tricycle to ride—interested but not quite believing it.

Let us review, briefly, the material presented by the four patients in order to interpret it in the light of their individual movements. R opened the hour by alluding to B's legs as being too open. Actually, R could not tolerate the openness of the overly prolonged silence. He had to interrupt the potentially terrifying openness by closing off

something easily available, in this case, B's legs. If B had complied R would have felt temporarily relieved of his impending anxiety and the session would have probably taken a different turn. As it was, B's non-responsiveness created the kind of opening which M could use for building up his defenses against anxiety. He conducts himself, at these times, by prodding the others into inner conflict where they are then rendered confused or inadequate. M regards sex as the greatest injustice ever perpetrated upon man. He feels that sex forces a dependency upon men who thereby become beholden to women. Women, in their turn, use this dependency to their advantage, much to the detriment and even the abuse of the men. So, when he says to R, "Are you afraid of being pulled in?" he is merely expressing his own feeling that sex is an ignominious trap. But M is also flouting it at R in the hope that R can show him how *he* can, at the same time, have the sex and not the defeat it connotes for him. Notice, then, how B completely overlooks M's feelings about sex, which have often been voiced explicitly. She is taken up with her need to inflate herself as a desirable sex partner. However, she unwittingly provokes the hated allusion to her long-standing virginity. She feels M's contempt for this so-called inadequacy very deeply, because it coincides with her own unconscious feeling of inadequacy, which she blames, at this moment, on her virginity. Feelings of guilt are then generated because of this alleged defect. In essence, M's remark provokes the generation of her self-hatred. She becomes enraged at herself and has to project this rage against M in order to make it less self-destructive. This is the origin of her hostile feelings toward M. However, B is incapable of expressing hostile feelings

toward anyone, or even of feeling them. This inhibition leads her to the use of rationality; she asks, "How does this prove I'm a virgin?" B fails, however, to engage M in a rational discussion in order to thwart M's attack. This failure occurs because he leaves the attack of his own volition and becomes, seemingly, interested in the therapeutic aspects of the interaction. Actually, M is reverting to his usual pattern of being paternalistic after crushing his victim. This is the pattern he follows in order to allay the guilt feeling arising from the conflict between his sadistic needs and his "puritanical" goodness.

Throughout, I felt there was an increasing involvement in the desirability of openness, of accessibility to one another. But due to the other pressing needs of the group participants, the growth of this interest was not allowed to emerge. M's accepted integration is based on a drive for total independence. He would, therefore, regard any of his needs as crippling. He is driven to hate his needfulness in order to cleanse himself of it. By "cleansing" himself of needfulness, he loses the ability to experience openness with respect to another human being, as well as to self. B's intergration depends upon reducing her desires and wants, sex included, almost to the vanishing point. Initially, she opens up by inviting interest in herself as a sexually attractive woman. But when this threatens her position of isolation, she shifts her position to one of defensiveness, excluding the possibility of further openness.

R's inner harmony or integration is dependent upon the effectiveness with which he can avert the eruption of feelings of softness, warmth, and empathy. These feelings were about to break into the open, in the interval of quietness, when he spotted B's thighs. One can speculate here about

the meaning of the thighs. Was it only a simple allusion to a physical sexual interest that R had to stifle? We know that R has no shortage of women for sexual pleasure. No, the meaning goes deeper. M called it out with his chiding question about R's fear of being pulled in. This posed a threat to R's rigid system of controls. He is, at bottom, a recluse who walls himself off. His coming to group is largely an attempt to achieve integration by finding a better way to reconcile two needs. One is his overtly denied need for safety through self-isolation, and the second is his conscious drive for that which he calls self-development, but which is actually a self-inflating one. It is through his writing that he keeps himself isolated from people. But also through writing he expects glorious recognition, while still at a vast distance.

The doctor's special contribution in this session consisted of connecting various aspects of openings and closings for the patients. This operation helped to keep going the members' interest in exposing more of themselves to each other. As they do more of this work, they free themselves of those inner distortions that have disconnected them from the world of "private and public feelings." By being free to reestablish their contact with the world, they discover, or rediscover, more of the wellsprings of their emotional existences. Each small discovery contributes further impetus for the next piece of work to be done. Group analysis is a continuous series of such discoveries, until the group member finds himself free enough, and therefore able, to risk a greater share of the responsibility for himself than he could previously assume. Approaching this goal, the doctor and patients are further stimulated and encouraged in furthering the work of the group.

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SEXUAL RIVALRY IN GROUP PSYCHOANALYSIS

Benjamin J. Becker

In this paper, I shall describe the development of sexual rivalries in a group of five women and four men. Some account will be given of the character structures of the people involved. Finally, I shall discuss the possible meanings and explanations of these group phenomena.

This is a heterogeneous, open, and continuous group. People with different problems and backgrounds have been in the group varying lengths of time. They meet for an hour and a half once a week with me, and also in a weekly alternate session without me.

There have been six people involved in romantic acting out and overt sexual rivalry. Don is 33 years old, unhappily married, and has a three-year-old child. He was separated once from his wife and is thinking of separating again. He is a college instructor with an M.A. and is about two or three years overdue on his Ph.D. He has great work problems, finds it difficult to concentrate and apply himself. He shows much resignation, but also swings into narcissistic behavior which can exude an unreliable charm. He is loaded with self-hate, inertia, and hopelessness.

Rosalind is an attractive, 38-year-old married woman with two children. She appears warm, helpful, and friendly. However, she is troubled by obsessive fears that she will kill her children or herself. She is basically self-effacing with a strong trend toward morbid dependency. She is self-rejecting and masochistic.

Lorraine is an attractive, 30-year-old, married woman. She came into the group revealing arrogant-vindictive traits. She has a miserable relationship with her husband. They indulge in frequent and furious quarrels. She is sexually frigid and finds the act abhorrent. She is unable really to love and is loaded with much hostility. Yet she is lonely, conflicted about her needs for love, and hungry for some acceptance. However, she must dominate her relationships.

Sandra is a striking 32-year-old brunette, who has two children and is very unhappy with her husband. She has had a duodenal ulcer for five years and suffers from pains during periods of great emotional tension. She is torn by conflicts between severe dependency needs and tremendous drives to dominate. She has a great push to do and to accomplish. She is starving for love and warmth, but quick to rise in rage at any affront. She is basically an expansive perfectionist with arrogant-vindictive trends.

Harry, 35, is unhappily married to a severely neurotic, alcoholic woman. They have two children. He complained originally of deadness, boredom, inability to feel, but has changed considerably. He has needs to please, to be liked, and can give a good deal of himself. He enjoys in his relations with women the role of the benign, understanding protector. There exists some unsureness of his ability to perform sexually with women. He used to en-

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gage in much sexually flavored talk, but this has changed.

Jim, 36, a burly but personable man, is constantly irritated with his wife. They have recently adopted a young child. He has a good job as a plant executive and people generally take to him. However, he is unstable and runs to drink when upset. His impulse is to blow up and run away from everything when things go wrong or the pressure upon him is too great. He is just learning to face his conflicts more squarely and openly. He has much guilt and suffers from deep feelings of inadequacy. There is much deeply repressed rage and destructiveness in him. He has a very highly developed conscience and imposes high standards or "shoulds" upon himself, as well as strict claims on others. This results in a severely critical and rejecting attitude, which is turned both inwardly and outwardly.

When Rosalind arrived in the group, Don became obviously interested in her. He would gaze at her in admiration and make sly, flirtatious remarks. Rosalind was flattered, but cautious and frightened. She was romantically and erotically aroused by Don. The rest of the group was apparently complacent about this. Although he could not admit it, Harry felt some hurt pride that Rosalind valued Don more highly and was attracted to him. Rosalind began to dress and make up more carefully. Don's attentions gave her more assurance and lifted her spirits. There was no sexual acting out, and they did not meet outside of the usual group sessions.

About eight months later Lorraine joined the group. Almost at once Don transferred his admiration and affections to her. Rosalind was very hurt, almost crushed, by this. She was furious with Don and showed it by sly digs at him. She did not seem to blame Lor-

raine, nor did she attack her. Lorraine was flattered by Don's admiration. He was persistent only in verbal and trivial physical advances, but there was no question of definite sexual intimacies. Lorraine was content to keep it on a superficial, flirtatious level. Rosalind was very shaken, developed overt anxiety, began to look less attractive, and lost much confidence in herself.

Lorraine was the recipient of Don's attentions for four months, until Sandra arrived. Don was very impressed by Sandra and began a flirtation with her. Lorraine's fury was aroused toward both Don and Sandra, but she directed her hate and digs at Sandra. Rosalind and Lorraine were both threatened by Sandra's chic, trim figure, her striking clothes, and her vivacious ways. Rosalind felt she could not possibly compete with Sandra and felt resigned. Lorraine was extremely resentful of Sandra.

Don left the group to take a job in another state. Harry gradually moved closer to Sandra. He would drive her in his car to and from sessions. They would confide in each other until each became more dependent on the special sympathy and support of the other. In two months they were emotionally involved with one another. Both were experiencing emotional gratification and also suffering from their relationship. Sandra had become increasingly fed up with her husband, but conflicted about the relationship with Harry. He had become completely intolerant of his wife's problems and unhappy about the relationship with Sandra. They indulged in some petting in the car, but Harry refrained from engaging in sex relations. He said he cared too much for Sandra to cause her unhappiness. However, he was also unsure of his ability to perform adequately during sexual intercourse.

At the peak of intensity in the rela-

tionship between Harry and Sandra, Jim began to show increasing interest in Lorraine. He expressed deep feeling for her and she seemed pleased to be admired again. They began to ride to group sessions in Jim's car. There was some petting after sessions, but no actual sex relations. One felt that these two were less intensely involved than Harry and Sandra.

Why did so much sexual rivalry and flirtatious acting out occur in this particular group? There were several factors. One pertained to the composition of the group. These were people of approximately the same age, of the same social level, and all of above-average attractiveness. They were all unhappily married, receiving little sexual and emotional gratification from their spouses. Finally their personality structures made them particularly vulnerable to sexual rivalry and especially prone to flirtatious acting out. Don was pessimistic about working out realistic sexual solutions either in his marriage or in a new relationship. He found a neurotic solution by retreating into make believe and flirting with the women in the group. He had already become increasingly aware of the futility of these maneuvers when he had to leave the group to take a position in another state. Rosalind was ripe for such an experience. She suffered from severe self-rejection and self-effacement. Although she was pretty, she wore clothes that did nothing for her. The flirtation with Don stimulated her to dress more attractively. After the letdown, she went through a difficult period, but has slowly been building self-esteem on a more solid basis.

Lorraine suffered from pessimism and hopelessness similar to Don's. She had come to therapy with many doubts and reservations, even though she felt miserable, particularly in the relationship with her husband. She felt unloved and unlovable. Don's admiration restored her pride and lessened her self-hate. When Don transferred his affections to Sandra, the blow was a severe one. Lorraine was a ripe recipient of Jim's affections when he began to move toward her several months later. However, by this time she had grown and was handling the relationship with greater insight and mellowness.

Sandra admired Don's intellectual status as a college instructor and was flattered by, although wary of, his attentions. With Harry, however, there was more time and opportunity for developing greater closeness. They lived in the same area, rode together in the same car, and grew more attached to one another. Harry told her about the troubles with his wife. Sandra told him about the difficulties with her husband. She came to appreciate his gentle, protective, solicitous attention. Her major inner conflict was between aggressiveness with a need to dominate, and dependency with a need to lean heavily on a strong, admired person. Harry began to fulfill both of these needs, but particularly the latter.

With Harry there was a similar conflict between strong needs to dominate and a need to be passive. He dominated his wife almost completely. In Sandra he found a woman whose attractiveness and vivacity he valued highly, someone with whom he could be a gallant, protecting knight, and who gave him her shoulder to cry on. He became intensely involved with her.

Jim was the last to indulge in this romantic acting out and may have been encouraged by the precedents. The occasion presented itself, for Lorraine was unattached and presumably receptive. He expressed his feelings several times over several weeks, and then they were involved. He had made several, usually

abortive attempts, at extra-marital sexual adventures in the past and felt much guilt about these. He seemed resolved to keep the relationship with Lorraine under control.

In handling the technical problems which presented themselves during this sexual rivalry and acting out, my personal relationship with these patients was most important. All of these people, except Lorraine, have had much individual therapy. They have strong ties with me based on many hours of working together on their problems in the one to one as well as the group relationship. Rosalind and Sandra were in combined group and individual therapy at the time. Harry and Jim requested special appointments to discuss these problems. I cannot yet report on the final outcome. However, I feel that the development of this sexual rivalry and romantic acting out, while not sought for or encouraged, will prove helpful to the analysis of all the people involved, as well as to the group. The lifting of submerged strong feelings and deep involvements to the open arena of the group is a mobilizing force in group progress.

ASPECTS OF SEXUALITY IN GROUP PSYCHOANALYSIS

BEN BOHDAN WASSELL

Before discussing and comparing the emergence and therapeutic processing of sexual material in group and individual analysis, I would like to make some introductory remarks on the meaning of sexuality. The therapist has tended, in keeping with traditional scientific thinking, to correlate adult patterns with libidinal stages of genetic development in the infant. This line of reasoning rests on certain preconceived premises—as do all hypotheses. Thus, there may be the assumption, for instance, that oral activity always has to do with swallowing, with the drive to incorporate, and so forth. From the holistic view we see the infant as trying to express and expand all his potentialities. We can understand that he tries to grasp, examine, taste—to manage and master any object, and to develop himself through contact and involvement with people and objects around him. The younger infant, unable to grasp with only his hands, often needs his mouth simply to gain three points of reference. He may thus, in some instances, be less interested in swallowing per se; the adult might assume, however, that swallowing is the infant's only concern because he, the adult, would use his mouth only for this purpose. In formulating theory of behavior, the theorist tends to "adultomorphize"—to ascribe to the infant attitudes and feelings which would motivate an adult under similar circumstances. He applies these theoretical constructs, which are partly based on his own personal experience and projection, to the infant, in order to secondarily explain adult behavior.

Exhibitionism, as understood in an oedipal frame of reference, is assumed to have as its object the arousal of genital desire in the child and the parent of the opposite sex. Here the see-touch-swallow sequence[1] is often used as a

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point of departure for theoretical formulation. Thus, it is explained that voyeurism in a male may signify an unconscious drive toward the breast of the mother, rather than the genitalia of a woman peer. From the vantage point of self-realization of all resources and capacities, the human being can be viewed as striving to expand and develop, to fulfill himself in deep interhuman involvement and communion. Because of an already established eccentric character development—a consequence of the child's overfocusing on his parents because of basic anxiety, and so losing his own growing-from-within-himself momentum—the voyeur, like other neurotics, cannot involve himself deeply and directly. He then tries to make the most of what is available to him and so strives compensatorily to increase satisfaction on the see-and-look level, throwing good money after bad, so to speak. If we speak in terms of look-touch-smell on the one hand, and total cooperative union on the other, we can see how some neurotics in their sexuality remain on the look-touch-smell level while others graduate to a physiologically more inclusive involvement, called by some a "genital" level. But these latter may still remain locked in an immature integration as far as a deeper, more human experience goes.

A person in treatment can be worked with in terms of sexuality, character structure, interpersonal and intrapsychic conflicts—and compulsive attempts to solve, as well as healthy strivings to resolve these. Intrapsychically, his sexuality reflects both his glorified self-image and his capacity for true human fulfillment; interpersonally it is colored by his perception of others and his ability, and/or inability, to engage in a mature, non-dependent, non-symbiotic, mutually cooperative, creative, and ma-

turing relationship. Even "excessive" potency may represent the individual's use of sex for living symbiotically and vicariously through, not with, another —*through* a part of himself in distorted overexpansion and overcontraction, not *with* all of himself harmoniously, simply and naturally. Distorted sexuality is an outgrowth of feelings of futility based on impaired capacity for harmonious emotional experiencing. If the therapist is overfocused on the look-touch-swallow modalities of human experience in a narrower sense, he himself may ignore the patient's striving for a total being and growing which is larger than physiology and instinct. Out of an inner hopelessness regarding the positive, the therapist, too, may over-emphasize latent homosexuality; it is at least as necessary to identify and mobilize whatever elements of heterosexuality[2] are present.

It is my impression that general findings, say, as to which character type responds with sexual material more openly in group or individual, are difficult to establish. There are those patients in individual and group who dramatically unload, as it were, their sexuality in early sessions, often in order to relieve guilt by confession—or perhaps to demonstrate how free and unconventional they are. Both have a similar problem of immature sexuality, but cope with it differently. Later, in both media, they may then involve themselves in experiencing sexual material more feelingly and meaningfully. In a forward-moving analysis in group or individual, sexuality is regularly worked with as it reflects inner conflict in regard to tenderness, affection, and spontaneous feelings on the one hand, and hardness, control of feelings, and neurotic pride in intellect on the other.

While the relaxing atmosphere of the individual setting, with its use of

the couch, promotes searching into one's depths in general and into sexual attitudes in particular, there are certain almost built-in blocks in individual treatment. To mention one, a male patient can find it difficult to express yielding, softer, giving attitudes toward a male analyst, just as a teenager may be blocked in expressing these toward his father, but not his mother. Toward a woman analyst, these attitudes, and likewise aggressive ones expressed through sexuality as a need for mastery, can be openly exhibited in transference involvement. In group analysis, with a male analyst, the male patient can express and work through such attitudes toward women-patient peers, meanwhile centering other, less sexually loaded, yet correlated attitudes on the analyst and male patients. Second, the group patient has the opportunity to listen in on other patients as they express their attitudes toward sex, thus getting a foretaste of work to come. He can hence involve himself in keeping with his tolerance. In individual sessions there is no stimulation factor directly at work, for the analyst does not suggest topics for discussion. That work with these and other attitudes is stimulated through group participation hardly needs to be mentioned. Of course, stimulation can also propel the patient too far, so that retreat may result. Here, in both group and individual, the actively conducting analyst tries to anticipate a possible negative therapeutic reaction. Again, the newcomer in group quickly becomes introduced to attitudes toward sex in an atmosphere which can hardly be duplicated. In individual, he will eventually begin to know that the analyst accepts sex; in group he can see early that others speak freely and that the analyst encourages this. Lastly, the understandable curiosity regarding sex on the part

of everybody in a culture that exerts strong taboos can be satisfied in group. The group patient discovers that men and women are all people and that their sexuality has very much in common, despite genuine differences of maleness and femaleness.

Some patients reveal their attitudes toward and about sex only with difficulty in both group and individual. They may on occasion open up in one or the other medium. However, assuming over-all consistent progress, the patient will generally reveal sex attitudes more freely 1) in whichever therapeutic medium he feels more comfortable and so can be more open, and 2) in whichever situation itself stimulates expression. One self-effacing woman with a strong need for secrecy regularly avoided associations regarding sex in individual analysis, explaining that her private life was really her business. On one occasion, when she had been coming to group exclusively for several months, she was carried along by the other group members and revealed sex experiences which matched those of most other group members. However, she then lapsed back into her usual reticence. Some time later she came only to individual. She hoped that she could there express herself regarding sex, for she realized she had a serious problem, but continued to block. I felt that only more comprehensive work on all her attitudes could gradually enable her to strengthen herself so she could work deeper into high-tension areas of sexuality. This principle, I feel, holds true for every problem in analytic working through.

It is axiomatic that only with a generalized loosening up of all protective stratagems can the patient resolve a given specific problem. The patient who appears to enjoy physical sex can only experience a more human sex-and-

love relationship when comprehensive personality changes have occurred. Some of our prudish cultural attitudes make getting into sexuality a difficult procedure for many patients. Here sensuality and lust are repressed as they are viewed as sub-human. For many, free-flowing sexuality is a part of a larger taboo on tender feelings in particular. The sex area, embracing multiple aspects of selfness and interpersonal relationships, is thus less available for growth. My own impression is that in combined individual and group analysis resistances regarding sex attitudes can be effectively worked through in many instances.

In closing, regardless of the setting and granted that one setting may encourage the patient at a given time to get in optimally, it seems to me that how the therapist views sexuality, and all the areas of human feelings closely fused with sexuality is extremely im-portant for productive therapy. Still, technical progress, related to the therapeutic setting and with awareness of the dangers of magical external measures, needs to constantly be explored so as to make analytic goals more readily available to the patient. The analyst is seen as a magical healer, as a super-human authority, by public and patient. This mystique is automatically injected into the doctor-patient relationship in individual analysis. The patients in group tend to be thrown upon their own resources and are less prone to fall back on the compulsive dependency, and its companion, compulsive defiance, which is fostered by the individual situation.

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PSEUDO-HOMOSEXUALITY AS STUDIED IN GROUP PSYCHOTHERAPY

IRVIN A. KRAFT

Lionel Ovesey[1-5] defines pseudo-homosexuality as the misinterpretation by the male of a failure to achieve societal, non-sexual goals. The cultural standards of success for the adult translates itself into the gender equivalents of masculinity (success) and femininity (failure). A failure to achieve in any area of behavior can be symbolized unconsciously for the male through fantasy-laden, genitalized steps to the conclusion: "I am a homosexual." This carries with it anxiety which is defined by Ovesey as pseudo-homosexual anxiety. Previously, therapists as well as patients might interpret it as homosexual anxiety or latent homosexuality.

This anxiety over inadequate social assertion produces in the "weak, failing" male "strivings for power and dependency."[3] These attempts, doomed in advance, intensify the pseudo-homosexual anxiety as they progress inevitably to failure.

In the woman the same psychocultural sequence can be defined as masculine aspirations.[4] The woman's fantasy-laden, genitalized, unconscious sequence

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leads to a conclusion derived from the oedipal conflict: "I am castrated." The castration anxiety "can be aroused by an adaptive failure in nonsexual assertion."[6] The woman resorts to magical repair by acquiring a penis with its magical, omnipotent adaptive powers. This wish for expentant mastery "is integrated behaviorally through the motivations of dependency and power."[7]

We can contrast this brief outline of Ovesey's concepts with the classical versions based on constitutional, biological and instinctual assumptions. The male's predisposition to an active or passive action-type was enhanced by his environment to fixate him at a pre-heterosexual, object-choice level. Or, the oedipal failure led him to love men as if he were his mother.

These and other formulations assumed the libidinal drive of the sexual instinct, in a male with a degree of homosexuality constitutionally derived.

This brief essay will concern itself with the Ovesey formulation from the viewpoint of the author's experiences with group psychotherapy. The data came from three different groups: an adolescent one of short duration, a mother's group which now is in its second year, and a heterogeneous group that has now become a father's group in its fourteenth month. Most of the group members are marital pairs divided between the two groups.

All members of the groups originally consulted the therapist about their children. Diagnostically, of the sixteen or so adults involved, only two showed structured symptoms and neuroses; the remainder were character disorders. The suggestion to undergo group psychotherapy was usually based on a one- or two-session consultation about the child. One or both parents was told that the child's behavior in certain aspects reflected their own marital and individual problems. Group therapy for the parents was recommended as part of the total treatment regime for the child. (At a later date the details and ramifications that are hinted at here will be discussed more fully.)

Ovesey describes the societal influences that produce the stresses and subsequent maladaptations. His work is based largely on experiences in reconstructive therapy, which is a therapeutic group of two in the secluded office. In his paper on technique Ovesey points out that "the curative process does not lie in the uncovering of the unconscious, as maintained by Freud, but in the repetitive attempts of the patient to automatize normal patterns of behavior."

We assume here that the usual group therapy situation resembles a laboratory societal structure. It recalls the family of origin and the present family configuration. It also can constitute a time-space unit consonant with the vocational and other non-familial gestalts of the patient. Within this framework the patient can be observed by group members and therapist; he also can observe himself as mirrored in the reactions of the group.

One could speculate whether this artificial or designed situation might not readily uncover certain patterns of striving and then unmask the pseudo-homosexuality underneath. The group focuses on the here-and-now of the material as it emerges, both intrinsically and in its implications for the others through their reactions to it. The members focus as much on the reporter as he talks as on the narrative. This tends to illuminate for the patient his body language and his communication problems with his compeers. Encountering seeming failure, the patient can be helped by the group with its special attributes to

on-the-spot repair. And this can be repeated, as it often is, until the person feels he has it well enough in hand to chance its use outside the group.

Past material can be reintroduced and integrated with the action-reactions of the instant. Emotions are caught in passage and their irrational accessories stand out in relief with a boldness emphasized by their immediacy. Automitization of successful patterns is strongly encouraged by the group.

One major difference is present between this material and that of Ovesey: none of these patients entered treatment out of his own primary difficulties. Each of the men was a status person in his own field. Each was financially secure. It is doubtful if any of the men or women (with one exception each) would have sought psychiatric aid for himself. Their marriages averaged fifteen years in duration. Two of the women had been divorced once prior to the present marriage. It was the first marriage for all of the men.

We can better examine, therefore, in this unusual circumstance the concept of pseudo-homosexuality, since these patients would belie its assumption of the person's failure to achieve societal, non-sexual goals. Some case illustrations can be mentioned.

One woman, Mrs. A., in this group has been married for fifteen years and has borne four children. She pursued a nursing and a teaching career and was in intense competition with any man, especially doctors, whom she encountered. She always had to show herself to be more powerful than the man. Mrs. A. derived great pleasure in the years prior to her marriage from actively seducing men to the point of intercourse and then halting. This was her way of devaluating the penis by showing that it really was not as powerful as it seemed to be; she defied the magical powers of the penis in this manner. In the mothers' group she was talkative and vivacious. She reported a dream in which she was having intercourse while the other members of the group watched. She was sitting on the man's lap. The man was the husband of a social friend of hers whom she disliked. She was somewhat embarrassed by doing this in front of the other members of the group and pulled away gradually. What really upset her was that the man did not zip up his fly so that the others could see whether or not he had a penis after having had relations with her.

Another member, Mrs. B., of the group had devoted eighteen years of marriage and many preceding years to the pursuit of stimuli that would allow her to be angry. This woman, by clinical and projective test findings, demonstrated a constant state of anger. Her dreams and her productions in the group showed that she was very wrathful that any man could beat her in contests as she perceived them. She devoutly desired to be dependent but felt that dependency, especially on a male, meant death and mutilation. She could not accept any dependency and devoted herself to the destruction of any man who crossed her path, especially her husband and her two sons. She often reported fantasies about shoes, legs, and other displacements from the genitals. Interestingly enough, she had never in marriage been orgasic except to manual manipulation by her husband. Shortly after therapy began, she became orgasic intramurally. She couldn't relate well to women except the passive, very receptive types. Any very aggressive woman became an arch enemy.

In the mothers' group, Mrs. C. was a tiny, attractive, quite vocal woman of 38, who had adopted her only son's two boys. She had been troubled for years

about her marriage of eighteen years, especially the recent, almost total abstinence of sexual initiative and activity by her husband. He had lost these some ten years before when he left business to enter college and then a professional school. In the group Mrs. C. soon began to berate her husband's impotency and appeal to the other women for help and sympathy. She did not see herself playing any contributing role in her husband's impotence.

Quite soon she became very friendly at the regular and alternate meetings with Mrs. D., a grey-haired, well-groomed intellectual woman of 45. Mrs. D. was in the twenty-fifth year of her marriage to a tall, emphysematous, self-educated, electronics expert who had been impotent for ten or so years. This sexual lack was readily stated by him in the father's group, but Mrs. D. reluctantly described it only after Mrs. C. spoke so earnestly about her own plight. Mrs. D., who verbally denied her obviously seductive patterns of behavior, declared her husband wasn't man enough to perform.

Mrs. C. and Mrs. D. began telephoning each other daily, shopped together and soon evidenced an extreme closeness. They shared sequestered knowledge in the group by glance and references. The group quietly recognized this twosome without evidence of anxiety, except by Mrs. A who found herself attacking them with some ferocity. The twosome lasted until Mrs. C. visited her newly remarried son in another city. She provoked him to an outburst of feeling that culminated in his striking her. In her acute distress Mrs. C. could not turn to Mrs. D. and announced this to her at the group meeting two days later: "I love you, but you wouldn't understand my feelings." Shortly afterwards, Mrs. C. became paired with Mrs. A. in a somewhat simi-

lar way, except that Mrs. A. was more the age and manner of Mrs. C.'s sister.

This new twosome likewise became intimate. They were together as a pair and as couples with their husbands, but the latter circumstances usually ended in a very strained atmosphere with Mrs. C. attacking Mrs. A.'s husband. Meanwhile Mrs. D., apparently in response to other stresses and illness in her family, withdrew for seven weeks from the group.

In the father's group John, Mrs. C.'s husband, had at the first meeting gone into a long, detailed autobiography that readily illustrated the onset of his neurotic behavior as a response to his changed role in the family. No longer the provider in his five-year stint as a student, he had found himself in his wife's eyes as weak and childlike and in his own as a passive, receptive person. He sought some surcease, despite the fifteen-year age differential, by joining a fraternity and living there. As his practice grew, he withdrew more to almost total non-participation in family activity. Periodically his wife would descend on his office files and "pull him out of bad business tactics." John was unable to form any close ties with other men in the group.

Ben, Mrs. D.'s husband, was a most categorical person, who used his acute insight into behavior to defend further his right-or-wrong perception of life. He was myopic and passive to his wife, who said he was actively destroying her. Their sixteen-year-old son was the bellweather of their conflicts. Ben tried to be close to him but was driven off by both his wife and his rising anxiety. When alone with his son, he talked to his exclusion and dealt with non-feeling items. Ben soon formed a positive transference to the group psychotherapist. The test came one night when he was extremely angry at the therapist, didn't

know it and was furiously rejecting him. When his feelings were defined by the consensus of the group and no retaliation resulted, Ben was visibly relieved and relaxed. Not long after that he was able to listen to his son and be firm (though not so genitally) with his wife.

In these brief descriptions we see a number of variations of pseudo-homosexuality. Mrs. C. had a mother-daughter relationship with Mrs. D. and a sister one with Mrs. A. She sought complementarity within an isophilic, filial framework, but it couldn't endure. The mother-surrogate, Mrs. D., had to devour and destroy the person seeking a dependent relationship with her. Thus, Mrs. D. continued her fantasy of herself as the phallic woman. Unable to be dependent on her "mother," Mrs. C. turned to Mrs. A. who unconsciously saw in her a true mate. Both being aggressive women, they arrived at an uneasy, homeostatic truce that was maintained at the expense of the personalities of their husbands. Mrs. C. could reenact with the other her sister role and be safe, since she also had five or six other siblings in the group therapy family. Mrs. A. could at last be close to the masculine part of herself (her incorporated brothers with whom she had competed so mightily all her life) as she saw it in Mrs. C.

John had been reacting to his feminine fantasy in such a way that he reaped additional aggression by his wife. Little remained of life that had masculine form for him.

Ben turned to suppressive patterns in dealing with men, such as his sons or employees. At the same time he found himself unable to fire an employee for fear the man would be wronged or not like him. He gained more power, grew lonelier with it and his emphysema worsened. He felt strong only when not with his family.

In each of these examples the facade of social competency is stripped in the group and the power-dependency strivings are brought to scrutiny. Shifting, isophilic relationships are seen to be tests of power or dependency, not latent homosexuality. The group process, especially in its alternate meetings which have not been discussed, is a societal incubator that hastens the reaction-perception by the patient.

Masculine aspirations in the women and pseudo-homosexual anxiety in the men are seen in group interactions by the act itself, as well as in the deeper fantasies and dreams. It would seem from this brief presentation that group therapy could well investigate its data from the adaptational viewpoint, as illustrated by Ovesey's concept of pseudo-homosexuality.

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ETIOLOGY AND TREATMENT OF THE PASSIVE MALE

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This paper will deal with the etiology and treatment of passivity in males, with special emphasis upon the manner in which such males relate to women. The present study confirms the well-known fact that adequate patterns of behavior toward women are almost totally lacking in passive males. The reasons for this and the methods used in group psychotherapy to correct it will be described in detail. Of special significance was the effect of the women in the group upon the development in such males of more aggressive types of masculine behavior and a new capacity for self-expression.

The group process is unique in that it provides an opportunity for such a patient to verbalize his anxieties about himself as a male in the presence of members of the opposite sex, while at the same time his defenses against women are being analyzed.

METHOD

The observations upon which the preceding conclusions are based were secured during the treatment of 175 patients with analytically oriented group psychotherapy. The groups consisted of from six to nine patients, both sexes being present in approximately equal numbers. No attempt was made to keep the groups uniform as to age, the variations being from 20 to 54. The group sessions lasted from one-and-one-half to two hours and the groups met once or twice a week. All of the patients were seen in individual analytic sessions once or twice a week for from one month to two years prior to introduction into the groups. Following this initial period of individual treatment, approximately one-third of the patients continued with one individual analytic session a week in addition to group therapy. The rest were seen exclusively in the groups except in times of crisis. These studies were begun ten years ago and have been in continuous progress since that time.

DEFINITION OF PASSIVITY

For the purposes of this paper, a passive male is one who is unable to express or freely act upon his own feelings, desires, and beliefs to the extent that he is aware of them and to the extent that he should act upon them for his own well-being. His behavior is that of a person who usually accepts situations without attempting to modify them. When he does try, his methods are generally ineffective and inappropriate. His interpersonal behavior is characterized by one particularly significant underlying neurotic motivation, namely, a need to avoid displeasing the other person and, to some extent, its corollary, a need to please the other person. He is overly compliant and ingratiating, and he looks for cues from others to give him some idea of how to act and what to do.

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This pattern produces special complications in relation to women since in our culture the male is expected to be aggressive and the female passive. The neurotically determined passivity of such males conflicts with the culturally and physiologically determined passivity of the female, with consequent feelings of discomfort for both.

ETIOLOGY OF PASSIVITY

How is it that an individual who has the potentialities of being outgoing and spontaneous develops into a person who is passive, dependent, and at least to some extent withdrawn? The data secured from the fifty-six passive males treated in the present study suggest that the development of their passivity is related to the manner in which they were treated by their parents and significant others.

In most instances each passive male had one aggressive parent who dominated, derogated, and over-directed him, and one passive parent who comforted him but who did nothing to prevent his being shoved around and derogated by the more aggressive parent.

The degree of passivity in the male, in a sense the intensity of this aspect of his illness, varied in proportion to the extent to which his parents acted out on him their own neurotic patterns. It varied also according to which parent was the more aggressive and which the more passive.

In general, those males whose mothers were dominating and aggressive and whose fathers were passive turned out to be more passive and more resistant to therapy than those whose fathers were the aggressive and derogatory member of the family, and whose mothers were passive. The effect upon them of the more aggressive and derogating parent was reinforced by the passive parent, so that the patient developed the feeling that it was unpleasant but inevitable that he should be pushed around and derogated.

According to Sullivan,[1] the sense of self develops from reflected appraisals. If these are derogatory, the self will be derogatory, and the patient's good qualities will, to a large extent, be dissociated from his awareness. This is the case with the passive male. Because he has been derogated he accepts himself as the kind of person who will be derogated. Consequently, he expects it. He tries to deal with this by attempting to please the other person, or by withdrawing and remaining passive.

An important factor in the etiology of passivity, then, is derogation by at least one parent. The patient, on his side, feels that he should try to please this parent. He represses his own spontaneous desires and is continually alert to cues from this parent that will show him how to please him. Almost always his spontaneous feelings are repressed, sometimes until he is no longer aware of them. This pattern generalizes and becomes consolidated as a character trait.

Not only does the passivity of the one parent indicate to the patient approval of the behavior of the more aggressive one; it also serves as an example which the patient imitates, thus increasing his passivity.

The development of passivity resembles one aspect of the development of the neuroses in general, namely, the child reacts to neurotic treatment by his parents, or significant others, by developing patterns of behavior that are an attempt to deal with this when he is growing up, but that have no contemporary value for him as an adult.[2]

The evidence for the preceding formulations will be presented by describing the case history of a member of one of the groups, pointing out specifically

the factors responsible for the development of his passivity, the reasons why he had difficulty in relating to women, and the manner in which he was helped by group therapy to develop a new self-concept which resulted in the emergence of more masculine behavior in all of his interpersonal relations in general, and in particular those relating to women.

George was 26 when he began therapy six years ago. He was seen in individual analytic sessions twice a week for two years. Following this he was introduced into a group consisting of four men and four women. This group met twice a week for the first two years and once a week for the subsequent two years. George continued with one individual analytic session a week during the first year of group therapy.

George is six feet tall, well-proportioned and well-dressed. At the onset of his therapy his posture and movements were rigid and there was an inflexibility about his facial expression. His speech was formal and his voice controlled and uninflected.

George's mother was an anxious, compulsive woman whose fears drove her to control his every move. While George was growing up, she was always telling him what to do: to wear his rubbers, to put on his coat, not to get dirty, not to cross the street. She continuously stuffed him with food and was over-concerned about his diet and health. Her anxiety was so great that as a child George gave up bringing his playmates home because her continuous directions irritated the other children and made everyone uncomfortable. As a result George played more and more by himself.

George's father was a pleasant, likeable, sociable man. However he was isolated from his friends and neighbors by his hysterical wife, with whom he

was unable to deal. He never accepted any invitations to dinner with his friends because he felt unable to reciprocate. He had found by experience that any plans to entertain at home stirred up such anxiety in his wife that the house was in pandemonium for days ahead and the evening was intolerable. Just as George's father was isolated by his wife, so George continued to be isolated as he grew up.

George recalled that the atmosphere of his home was always strained. At the dinner table there was never any spontaneity, nor any affectionate interchanges between his father and mother. Thus he grew up without having had an example in his own home of how a man could relate spontaneously and warmly to a woman.

In adolescence George had no girl friends nor any idea of how to go about making them. He expected to be babied and taken care of, as he had been by his mother, and this naturally did not appeal to girls his own age.

It is apparent that George's passivity developed as a way of adapting himself to the dominating, derogating, and overprotective behavior of his mother. He became passive in order to avoid upsetting her. Herein lay the cause for his fear of displeasing and upsetting others which became his basic character trait. This was reinforced by the passivity of his own father with whom he identified.

In discussing the effect of the women in the group upon the development of masculinity in George, it must be remembered that before he entered the group the only close relationship that he had ever had with any woman was with his hysterical and anxiety-ridden mother. Generalizing this experience he came to believe that all women are hysterical and anxiety-ridden. It is only natural that he came to feel that the

best way to relate to women was to avoid displeasing them. This meant to him never taking the initiative, and never expressing himself frankly. Sex had never been discussed openly in George's family and consequently he felt it was a subject to avoid in the group.

When George entered the group he did not see the women in the group as they really were. His distortion was that they were all basically like his mother.

The group afforded George the opportunity of sitting quietly and observing these women in a way that had never been possible before. He heard them discuss their problems (often of a sexual nature) and watched them react. He had never been able to do this outside the group because whenever he was with a woman, his attention had been centered on how to avoid displeasing her.

From the varied reactions of the women in the group George began to see that all women were not like his mother. When he reacted to them as if they were, this was called to his attention by the analyst.

One of the older women in the group, Mary noticed that George was embarrassed every time he looked at the girls' legs, and called this to his attention. She added that she saw nothing to be embarrassed about, a statement in stark contrast to his mother's attitude. Mary invited George to have coffee with her after the group, but he refused. When asked by the therapist why he had refused the invitation he was at first at a loss to explain, but finally his associations led him to realize that it was because he was afraid that she would push him around as his mother had. He was encouraged to try to find out, by objective means, whether Mary was, in fact, trying to

dominate. Although he thought she was at first, George gradually came to see that Mary was not telling him what he had to do, or pushing him around. She was the first woman whom George realized was interested in him as a man. This recognition was an important step in George's development in therapy.

The frank discussions of a girl in the group named Ivy, a girl who was his own age, left George starry-eyed but red-faced. He learned from these discussions that women can be really interested in sex, and that they do not feel that sex is taboo or revolting, as his mother did. He began to see that what he thought was being idealistic about sex was really being infantile and that women do not want to be put on pedestals or treated like mothers.

In the group George listened to members recounting their experiences during vacations at various resorts. He was especially intrigued when the girls in the group discussed their romantic desires to meet new men, and their plans to go alone to a summer resort for this purpose. When they returned from such escapades and recounted their adventures, there was George, listening.

George had always gone on his vacations with his family prior to beginning group therapy. As the result of his work in the group, he finally decided to go on such a vacation alone. On this trip he met a nurse, with whom he had the first romantic encounter of his life. In telling about this, he said, "We got involved very quickly. She came up to my room for a drink an hour after I met her. I couldn't get anywhere with her because of my fears. I think if I hadn't been inhibited I could have gone to bed with her." These statements, although the verbalizations of a person who was still naïve about women reflected an improvement in

that he was able to discuss his feelings about sex before the women in the group.

After George and the nurse returned separately to New York, he saw her again and kissed her on the lips. He resented it when at times she turned her head away and was surprised when she told him that he wasn't as aggressive as other men were. This reference to his passivity rang a bell since it had already been discussed in therapy. He returned to the group determined to explore further why he continued to behave in such a fashion. Through recounting in detail his experiences with his parents he came to see that his mother's dominating and hysterical behavior had made him afraid to act spontaneously and that his principle concern had been how to avoid displeasing her and, through generalization, others. This insight, which was not entirely a new one, had special force for him now because of this experience. In spite of it he frequently continued to act in a passive and placating manner toward the girls in the group. However, every time this occurred it was called to his attention, and his fears of being more direct and assertive analyzed. Gradually, George began to change and when he showed an improvement in spontaneity and assertiveness he was praised by the group members and the therapist. The praise from the women in the group was especially helpful to him, since their behavior in doing this was almost exactly the opposite from his mother's. Thus he had the chance to begin to establish new patterns of behavior toward women who were different from his mother.

With continued analysis George began to feel that he could be assertive, that he had the right to be assertive, and that he wanted to be. This change was reflected by a new attitude of spontaneity and expressiveness toward the women in the group, and also toward women outside the group. He began, as he said, "To develop a taste for the company of women." He had dates with several girls, and has now had a series of adolescent-like affairs which have reached the point of necking and petting. This is his present stage of sexual development, comparable to that of an adolescent.

Last spring George took a crucial step in the development of a feeling of independence from his family. He moved away from home and got his own apartment. This was not done precipitously, but after repeated discussion in the group, and after the analysis of his feelings of dependence upon his parents. The attitude of the group members was consistently in favor of his making such a move. Two of the girls in the group whom he liked brought up the subject of his moving away from home on various occasions, expressing forcibly their opinion that he would feel freer and more able to develop initiative on his own if he were not living in close contact with his mother. Nevertheless, he did not take the final step for many months, during which he was gradually developing feelings of self-acceptance and dependence upon his own powers.

Among the other significant aspects of George's treatment were the analysis of his feelings of hostility toward authority figures and his coming to see that his mother's negative appraisals of him had been largely inaccurate. This latter insight helped him ultimately to discount them. This left him open to view himself in a new light, and to accept the positive appraisals of his real abilities by the analyst and the group members. Thus began his new concept of himself.[2]

In the initial two years of therapy, during which George was seen in individual analysis, he was never able to overcome his fear of women to the point where he could ask a girl for a date. This was the case even though sex and his attitudes toward women were a frequent subject for analytic work. Now, after four years of group therapy, he does not hesitate to ask a girl for a date, and in a large proportion of the cases is successful in securing one. Prior to therapy he had never kissed a girl. Now he expects to kiss the girl good night, and looks forward to it with pleasure.

In concluding George's case, I would like to present, verbatim, part of a recent group session in which George took an active part. George began the session by saying, "I am anxious because I am doing so many things. This is just the opposite of the way I used to be. I used to live at home. I didn't go out. I didn't read. I just sat around and thought. I lived in a vacuum.

"Now that I have moved away from home and am living alone I no longer live in a vacuum. I am doing things in my work and in my personal life. There are things I want to accomplish now. I have enrolled in graduate school and want to get a degree. I want to decorate my apartment. I have two dates for this week end: one for Saturday night and one for Sunday afternoon.

SARA: "You used to have nothing to do, and so doing all this now naturally causes anxiety. But you have an orderly mind. It will come with time." (Here is encouragement from a woman, without domination and direction, such as George received from his mother.)

ARLENE: "Are the two dates both with the same girl?"

GEORGE: "No." (Warm interest and applause from all of the group members and the analyst.) One of the two girls said, "Bravo." (Note again approval from a woman, a new experience for George and one of significance in his development of a more positive self-concept.)

GEORGE: "I'm looking forward to the day I'm getting married."

ARLENE (Smiling): "You're coming along."

GEORGE: "The problem of my being anxious has been brought about by a change is me so that I am doing so many more things now."

ANALYST: "I'm very much interested in this, George. How do you explain this change?"

GEORGE: "The change has been coming for a period of years. The break came when I moved away from home. Getting a home of my own where I can go and come as I please is a very big objective to me, where I can have friends visit me. Also I'm getting over my dependence on my family, and they on me. I am beginning to feel differently about myself. I am beginning to see that I am a very worthwhile person—not wonderful or great, but worthwhile. I used to feel that I was not worthwhile. I had been told every move to make; I had been under the watchful eye of my mother all my life. What can you expect?"

ARLENE: "Just exactly what happened."

GEORGE: "Coming to understand the way my mother really is was a big thing for me. Now that I see my mother's hostilities and her attention-getting devices, I see there is a lot of competition to keep me from spending time with Dad. The other night Dad suggested that I look at some photographs, and mother said, 'George said he doesn't want to look at them.' I said, 'No, I didn't say that. I do want to look at them.' Mother has her hatchet out all the time, and is chopping away. She can't chop at me anymore because

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I understand her too well now, but she is chopping at Dad.

"I think I really do understand Mother now and that's important to me. She's been anxious ever since she's been a child. The way I look at it is that she's a sick woman—she has been most of her life. This is why I have a preoccupation with and a desire to please others rather than lead my own life. The cause is the fear of upsetting mother. I have seen her upset, and it is frightening.

"If I say I'll be home at 8:00, mother is outside of the building at 7:00 looking for me. If I'm not there at 8:15 she is jumping around and by 8:30 she's vomiting. She's a mess.

"Now I understand enough to be able to deal with myself *and* mother."

ANALYST: "Now that you do understand your mother and her effect upon you, and now that you have had a chance to get to know some girls in the group who are very different from your mother, how do you feel about girls now?"

GEORGE: "It varies with the girl. I definitely feel freer with girls than I used to. I kiss the girls good-night now, and I enjoy it. There's no difficulty. I didn't even used to be able to hold a girl's hand."

ANALYST: "What effect did the girls in the group have in bringing this about?"

GEORGE: "The girls in the group had a very definite effect. I began to see that women have the same problems and frailties that men do. What was a revelation to me was to hear some of the more personal things that the women in the group said. To hear how they think and react. I used to think that the institution of marriage was highly undesirable. Now I think it's highly desirable with the right person.

"Now I 'see' women for the first time. Before, they were never quite real to me. This girl Betty that I've been going out with is nice looking and has a nice figure and nice face. It's easy for me to talk to her."

As George said this he was smiling and speaking with expression and variation in tone and pitch of voice. This was in marked contrast to his mask-like features and to the controlled and uninflected manner in which he spoke prior to the beginning of group therapy. The analyst felt it was important to validate the change in George's behavior, and said, "There is a real sparkle in your eye and expression in your voice. All of the girls are going to be running after you." George laughed, and the other members of the group laughed with him. When George first came into the group the girls had shown no interest in him as a man. One of the girls in the group had remarked shortly after George was introduced into the group, in his absence, that "having a date with George would be like having a date with a four-year-old cousin."

By this time in his therapy—a period of six years—George had changed to such an extent that the girls were reacting to him in a new and different manner. They were smiling and attentive. They were responding to a new aspect of George's personality that was emerging, namely, the development in him of more masculine attitudes and behavior toward women. George was no longer afraid to discuss personal subjects with them. He was no longer afraid to be spontaneous with them. He was no longer afraid to be assertive with them.

This change in self-assertiveness and spontaneity showed itself clearly in all aspects of George's life, both inside and outside the group. He was able to speak directly to his mother and tell her explicitly what he liked and didn't like,

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and for the first time in his life she listened to him. He began to feel that he had the right to strive to get things he wanted. This change was apparent at work, where he told his employer that he had too much work to do alone, and needed an assistant. He argued his case so well that he got not only an assistant, but a raise in salary!

During therapy George had developed an understanding of the causes of his past and present behavior, had incorporated a new and valid set of reflected appraisals, and had learned a new type of interpersonal relatedness. This led to a re-evaluation of his self-concept and the realistic assessment of his actual abilities. He then became able to secure from his present environment satisfaction of his current needs, and with this the psychological pressure of infantile and childish goals largely disappeared.[2] George had become a person in his own right. His basic character trait is no longer "a need to avoid displeasing the other person, or to please the other person." He is now chiefly concerned in finding out what he himself wants, and in going after it in reasonable and legitimate ways, and he feels entirely justified in doing this. This drastic change in behavior occurred synonomously with an equally drastic change in his self-concept. As George said in the group therapy session presented, he had come to see that he was a worthwhile person, and his behavior is now consistent with this concept.

To quote Roger's[3] picture of the goal or end-point of therapy, "Therapy seems to be moving toward a full living in the moment—not a rigid intellectualized conforming to built-in expectations," so that at the upper end of the scale of process in psychotherapy described by Rogers and Rablen[4] the patient comes to live "in the process of experiencing a continually changing flow of feelings," characterized by "rich and immediate experiencing of personal feelings." George has moved far along toward this goal, has given up to a large extent his rigid stereotypes, and is now concerned with his own feelings and desires and with how to fulfill them.

SUMMARY

In the present study it was found that passivity in males developed as a response to domination, derogation, or overprotection by one parent (or parental substitute) and passive acquiescence by the other. The effect of the more aggressive parent was reinforced by the passive parent, who did nothing effective to protect the patient, so that he developed the feeling that it was inevitable that he should be pushed around and derogated. In consequence he developed as his outstanding character trait a fear of displeasing the derogating parent, and a need to please him. This manner of dealing with the derogating parent while the patient was growing up persisted in adulthood, and was generalized to include other people. Consequently it became impossible for the patient to fully know, express, and freely act upon his own feelings, desires, and beliefs—and act upon them for his own well-being.

The consequent passivity affects deleteriously every aspect of the patient's life. It is especially apparent in the manner in which he relates to women. Such patients were found to be almost totally lacking in adequate patterns of behavior toward women.

Group therapy facilitates the emergence in such patients of more masculine and assertive behavior. The group process provides an opportunity for such patients to verbalize their anxieties about themselves as males in the

presence of members of the opposite sex, while at the same time their defenses against women are being analyzed. This facilitates the emergence of a new concept of themselves as male.

The group experience offers to such patients the opportunity of discussing deeply personal problems with, and in the presence of, women who really listen to them and take them into account in a way which constitutes a new experience.

The therapist serves as a concerned, non-authoritarian parental surrogate.

The group process is an application of the general principle that the satisfaction of a previously deprived need (to be loved, to be respected) is facilitated by analyzing the defenses against its acceptance in the presence of the stimulus for its satisfaction.

Additional therapeutic factors which were important in helping such passive males become more aggressive were

1) the recognition that their parents' negative appraisals of them had been largely inaccurate, 2) the analysis of their dependency needs and fear of authority figures, and 3) the assessment, recognition, and use of their real abilities, in which they were helped by new and valid appraisals by the analyst and group members.

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BOOK REVIEWS

AMERICAN HANDBOOK OF PSYCHIATRY. S. Arieti, M.D. (Editor). Basic Books, Inc., 1959, New York.

During the past twenty years, American psychiatry has been making tremendous strides both in theory and clinical applications. New theoretical orientations have come out on a wave of enthusiasm. Some have waned in professional interest, some have disappeared, some have split into divergent modifications, some have remained as a more stable part of the body of our psychiatric knowledge. Classical psychoanalysis, after a long and difficult growth toward acceptance here, rose to a height of popularity and now sees itself gradually giving way to a growing emphasis on cultural analytic orientations. The organic therapies have been insulin shock, which was replaced largely by electro-shock, which in turn is tending to be superceded by pharmacological treatments. Even the latter have been losing some of the magic appeal of innovation, and all will probably assume a lesser but a more accurate place in our armamentarium.

The output of books and articles on psychiatric and psychological subjects has become a torrent. Much of this production is, of course, redundant and unoriginal; it has even become fashionable to publish compendiums of articles already published elsewhere. While there is always room for a fresh viewpoint, even though it be a different slant on a previous concept, a large percentage of this output is hackneyed, trivial, and contributes nothing.

Nevertheless, the smaller, solid foundation of knowledge and progress has been growing through research into the organic aspects of brain function (biochemistry, pathology, pharmacology, and their clinical applications), into the psychological functioning of the individual and its application as newer psychotherapies, and, more particularly, into the application of fields related to psychiatry—philosophy, psychology, sociology, religion.

To bring together this vast body of knowledge into one correlated and readable book has undoubtedly been a tremendous undertaking, and the editor and his board are to be congratulated. The two massive volumes forming this monumental work are surely the most ambitious venture of its kind in medicine. Psychiatry has suffered from the lack of a unified sourcebook, such as the large textbooks existing in the several other medical specialties. True, there are textbooks of psychiatry, but these are generally either purely descriptive and nosological, or limited by a selective viewpoint, or too brief to be of significant help. The magnitude of this opus can be seen in the prefatory statement of its purpose: To present all the "developments, concepts, trends, techniques problems and prospects" of American psychiatry today, in a form "useful for both the expert and beginner," in which "every leading school of thought and major approach" is represented.

The roster of contributors includes most of the authorities on specialized aspects on psychiatry in this country; there are 111 in all. The two volumes are divided into fifteen sections, each containing about five to ten related chapters under an inclusive heading. These sections include a general purview (Psychiatric History, Personality Theory, Statistics and Genetics); the Psychoneuroses; the Functional Psychoses; Psychopathic Conditions; Psychosomatic Medicine; Childhood and Adolescent Conditions: Speech and Communication Disturbances; Organic Conditions; the Psychotherapies; the Psychoanalytic Therapies; the Physical Therapies; Basic Sciences; Contributions of Related Fields; Patient Management; Legal and Preventive Psychiatry.

Although apparently predominantly oriented to the general psychiatric practi-

tioner, it is evident that even those with specialized interests will find considerable valuable material here.

From the practicing psychoanalysts, six sections are of special interest. The section on psychoneuroses contains eleven chapters, covering Minor Maladjustments (Clara Thompson), War Neuroses (Kardiner), Hypochondriasis (Chrzanowski), Hysteria (Abse), Phobias (Friedman), Anxiety (Portnoy), Obsessive States (Rado), Reactive Depressions (Gutheil), Character Disorders (Michaels), Borderline Patients (M. Schmideberg). As can be seen by the authors' names, the theoretical persuasions used as the explanatory basis for each of these conditions varies from the interpersonal to the holistic (Horney), to the biosocial to the classical. Of particular interest to this reviewer was Schmideberg's chapter calling attention to the typically self-alienated, emotionally benumbed patient seen so often in practice today, and who is here described as a distinct clinical entity. This is the patient who does not show the full-blown symptoms characteristically considered as schizophrenic, neurotic, or psychopathic, but whose symptomatology would be dynamically explained from our holistic point of view as a development along the continuum of the self-alienating neurotic process.

In the section on the functional psychoses, three chapters by Arieti are devoted to the schizophrenias. He emphasizes his own complex etiological viewpoint, which is both psychodynamic (interpersonal) and psychobiological. The paranoid states are then discussed in a separate chapter from the Freudian point of view by Cameron.

The part on psychosomatics includes eight chapters ranging from general principles of somatic causality, through particular system involvements, to the dynamic symptoms of body-image (Kolb) and brain damage (Goldstein) distortions. Here, too, the general approach is through the dynamic emotional factors, although clinical description is likewise stressed.

In the two sections devoted to the psychotherapies and analytic therapies, the ten chapters are written by important representatives of each major school. These include the Psychobiological (Muncie), the Organismic (Goldstein), the Existential (May), Group Therapy (Frank and Powdermaker), Psychodrama (Moreno), Orthodox Freudian (Greenson), the Interpersonal (Wittenberg), the Horney-Holistic (Kelman), the Jungian and Adlerian (Munroe), and Hypnotherapy (Wolberg). Even the so-called minor schools are considered (Rogerian, etc.), although not in special chapters; they are included in more general sections—for instance, those devoted to the particular theories of personality.

The inclusion of six chapters dealing with the ancillary disciplines to psychiatry is of special and timely significance to this reviewer. These include Social Psychology; Mathematics and Cybernetics; Philosophy; religious viewpoints as expressed in the Oriental and three major Western religions; and the Role of Immediate Experience, which treats Fromm's conceptions, Zen-Buddhism, and Buber's philosophy. That these should even be included—as well as the chapter on Existentialism, and Arieti's own inclusion of phenomenological theories in Schizophrenia—is once more a tribute to the stated goals of the editors: to cover "the total subjective world of the individual, including in all its aspects, the drama of man." It is also evidence of a significant trend in psychiatry today, away from the mechanistic and fragmentary, toward a more heuristic, holistic, and humanistic view of Man.

The Horney approach is represented in the book by three chapters. The first (Kelman) discusses the theory in its evolution, its present status, and contributions of other members of the school. A second (Portnoy) deals with anxiety according to Horney terms. A third deals with speech disorders considered from a holistic orientation (Barbara). Although a fourth representative of the Horney group (Meth) writes on the exotic and esoteric psychiatric syndromes, this was not primarily discussed dynamically, nor from the Horney theoretical position. In any event, these three chapters are more theoretical than clinical, but this apparently is necessary because of the requirements of the work—namely, to be

comprehensive and inclusive in breadth rather than to particularize in depth. This need demands summary descriptive explanations instead of specific clinical examples.

Indeed, this latter condition is, in effect, the principal shortcoming of this work. It is not a fault of the book in itself, but rather a defect inherent in any such type of compendium. Eclecticism has both its advantages and disadvantages. Completeness in breadth sacrifices intensity in depth. The presentation of divergent, sometimes opposing, viewpoints on the same topic may lead to confusion, especially for the reader who may not have previously developed ideas. And the editors have attempted precisely to present a check-and-balance between different approaches whenever feasible. This could not be done in some instances, so that the reader is given a unilateral view of some subjects, or in other cases left with the divergent views of closely related subjects. For instance, while Arieti's concepts of the basic psychopathology of schizophrenia are adequate and comprehensive, and may be the most correct, there have been alternate ones advanced by other workers which may merit consideration, such as the double-bind theory, or the paucity of internal objects, or the ego-boundary diffusion theory. By the same token, although the Freudian pathogenesis of hysterical or phobic reactions may be accepted by many readers, it should not be presented as *the* definitive explanation, as it is in the several chapters, without mention being made that there are other explanatory theories, such as the holistic explanation, which may be equally valid. The confusion may then be compounded by finding such a closely related topic as hypochondriasis explained in Sullivanian terms, phobias in Freudian terms, and anxiety in Horney terms. The alternative would be to assume that the average reader is sophisticated and knowledgeable enough to recognize these different theoretical premises as doctrinal, and to select the one most applicable to his patient.

Nevertheless, in spite of this shortcoming, this work is the most complete yet available. For the student who wishes an over-all view, it cannot be surpassed. For the specialist who is seeking additional general notions, a sort of refresher, on a topic outside of his own sphere of competence, it is likewise excellent. However, I feel that for the expert who is looking for more detailed information in a field with which he is already familiar, this book (and in general, most books of the "handbook" type) serves mainly to direct one to a more extensive source-book.

With this limitation, the work largely fulfills the claims of its editors. It should be on the bookshelf of every psychiatrist, psychologist and social worker. It promises to remain the definitive classic in the field. Incidently, the format of the book is extremely fine: it is well printed on heavy, glossy paper, double-columned pages, with large, easily read type; the content matter is well-organized; the index is thorough and complete; and the bibliographies are generally extensive. It is a worth-while book for every library.

—JACK L. RUBINS, M.D.

THE ART OF LISTENING. Dominick A. Barbara, M.D. 200 pp. Charles C. Thomas, Springfield. 1959. $5.50.

One of the major problems preoccupying many psychoanalysts today is the nature of the processes which occur in the doctor-patient relationship—the so-called transference and counter-transference. Although considerable attention has been devoted to this emotional interplay, it is only recently that interest has turned to the communication aspects. The content of communication has been examined either by the analyst in his study of symbolism, or by the semanticist in his study of the logic of meaning. Dr. Barbara has combined some of all of these elements into a fresh and original holistic approach to the means and process of commmunication. He focuses mainly on factors in personality which influence or distort the verbal interrelationship. Although as a practicing psychoanalyst he is primarily interested in the clinical, the patient-doctor situation; what he discusses

is applicable to any two people who must communicate.

This is Dr. Barbara's third book devoted to the dynamics of the verbal communicative process. The two previous ones (*Stuttering* and *Your Speech Reveals Your Personality*) dealt with the emissive side of the relationship; this one considers the receptive aspect—listening and the listener. His viewpoints and method of analysis of the two aspects are somewhat similar.

His thesis, basically, is that listening is not merely a verbal-auditory function, a specifically demarcated part of communication, but a function involving the total personality. Although the ear may be the anatomical organ, we hear with our whole psychological self. Therefore, in order to study the pathological (or healthy) aspects of listening, we must understand the individual's attitudes, his character traits, his emotional conflicts, inhibitions and resistances. It is also necessary to consider the emotional interplay between personality of the speaker and that of the listener. And as in his previous books on speech, Dr. Barbara employs the concept of the three major personality orientations, as delineated in the Horney theory of neurotic development, as the contextual framework for his definition of distortions in listening.

According to Dr. Barbara, the capability of productive (healthy) listening as part of effective communication depends on the presence of certain factors in the listener. These include self-disciplined concentration; a comprehension which involves attention to the underlying implications and context rather than to the apparent verbal meaning; a predominant objectivity rather than a subjective interpretation through his own facade of selectivity; and emotional entry into the experience of the speaker. This last factor implies a full acceptance of the speaker with affirmation of his integrity, and a closeness of the listener's contact with his own feelings as well as with those of the speaker. It "presupposes a certain state or feeling of 'communicative empathy.' It is the merging of one personality with another until some degree of identification

is achieved . . . it is the fundamental process in love and human nature."

These criteria for effective listening call to mind the necessary qualities of the analyst's attention called for by Horney: wholeheartedness, comprehensiveness and productiveness; "listening, seeing, feeling with intuition, undivided attention, reason, curiosity, knowledge of ourselves and professional experience." Martin Buber seeks the same conditions for the existence of his "dialogue." "It is not the spoken word but my acceptance of the 'otherness' of the other person, my willingness to listen to him and respond to his address. In monologue, in contrast, I only allow the other to exist as a content of my experience. Not only do I see him in terms of his social class, his color, his religion, his I.Q. or character neurosis, I do not leave myself open to him as a person at all."

The author emphasizes that both overintellectualizing as well as excessive emotionality may interfere with this openness. Since these may both be defensively required to avoid experiencing inner conflict or anxiety, they may act as a block against total involvement, against awareness of the "true meaning of things." Distortion may likewise be introduced into understanding by the excessive reliance on, and use of, magic in language—whether this is culturally or personally determined, conscious or unconscious.

He shows that faulty patterns of listening arise in the child as part of over-all neurotic development, under the impact of neurotic attitudes from the parents. Parental anxiety, excessive perfectionistic demands, lack of sympathetic listening, overprotectiveness, over-restrictive limitations, may each interfere in a characteristic way with the child's capacity for free expression and whole-hearted listening.

In the adult neurotic, following the Horney delineation of character structure, the pattern of listening distortion will correspond characteristically to the predominant compulsive personality tendencies. The dependent, self-effacing person will selectively "hear" that material which voices his own idealized values, will tend

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to automatically agree rather than judge for himself, and will be over-influenced by the domineering or authoritative speaker. The more aggressive listener, with a "rebellious ear," rarely listens to others, must dominate the speaking situation and have the last word, and will "hear" only that which confirms his need for admiration or praise, his self-image of superiority and rightness. The resigned listener has a "deaf ear" to external unpleasantness, to all that reflects his own inner feelings in conflict. He can turn on and off his listening mechanisms, thereby distancing himself from the speaker and from emotional contact.

A final group of chapters deals more specifically with the speaking-listening situation in the therapeutic relationship. The author points out how neurotic residues in the therapist may likewise interfere with effective communication and reception, and he stresses the extent to which silence may constitute a significant portion of communication.

It is this reviewer's opinion that Dr. Barbara has presented an important contribution to the study of one aspect of the doctor-patient relationship which has hitherto been neglected by psychoanalyst. Perhaps two minor criticisms may be noted. First the book is written in a rather uneven style, oversimplified at some points, and somewhat complex and cumbersome at others. Second is the lack of specific clinical examples of his points. In his previous books, Dr. Barbara has shown evidence of his considerable clinical acumen; it is regrettable that more summary case histories have not been presented here.

From its style and theoretical explanations, the book seems to be more directed toward, and will have greater appeal for, the interested intelligent lay-person, the psychologist, or the speech therapist. The practicing psychoanalyst who is already sophisticated in the principles and clinical applications of Horney theory, may find its basic theoretical explanations rather skimpy and spotty. The general psychiatrist will find much of interest in the way of practical handling of problems of communication in his patient. It is highly recommended to all those who treat children or adults with symptoms of disturbed communication, and as a help for those who themselves have problems in listening.

—JACK L. RUBINS, M.D.

METAMORPHOSIS. Ernest G. Schachtel. 344 pp. Basic Books, Inc., New York, $6.

Dr. Ernest Schachtel undertakes a difficult but worthwhile project in his attempt to answer the question: How does adult man become what he is? In recognizing the tremendous scope of this subject, he limits himself to some crucial factors in the development of emotions, perception, attention, and memory, and from this perspective he views the broader question of human development. While many of the concepts previously have been expressed by others, he has successfully incorporated them with his own original contributions and has produced a well-integrated, important, and stimulating book.

Dr. Schachtel follows the now-powerful trends which emphasize constructive elements inherent in the developing human being. Freud's negative view, wherein he saw reduction of tension as pleasure, is too narrow. The child does not develop its senses and capacities merely to avoid painful reality, but actually ventures forth to encounter reality with curiosity, eagerness, and delight. It is the frustration of this drive to self-realization that leads to sickness, rather than "the frustration of the need to return to an excitationless state." The child enjoys its active capacities for discovery and exploration, but the wonderful potentialities of the child are all too often thwarted and destroyed by the cultural demands transmitted to it through parents, teachers, and others.

At each stage of development there is an embeddedness in the milieu—ties which have to be dissolved as the growing being advances to the next stage into a different milieu. First there is the embeddedness in the womb, then the mother-child ties. These are followed by the family-child bonds which are replaced in complex ways by the culture and later in the social system. The new ways of relating are influenced

by the old and grow out of them. The forces making for maturation and growth are in conflict with those that tend to foster embeddedness. One important element is the fear of encountering a new, unfamiliar way of life. The conflict is resolveable, but when the atmosphere is one of fear embeddedness becomes entrenched and growth into new patterns, experiencing, and encountering the world in new dimensions is impaired.

There are many ways in which man can relate to the world, and each culture tends to foster some at the expense of others. The person who successfully emerges from the embeddedness of one stage to grow into the next develops the capacity to transcend the limits of his own culture and social group in experiencing the humanity of other men. He doesn't need the protection of the familiar and the past, and is able to encounter the world openly, in all its richness and infinity.

In growing from one stage to another are two kinds of affect, the prototypes of two types of emotion. One is "embeddedness-affect," characterized by helpless distress, a need to retreat from stimulation and environmental contact, to return to a stage of passive equilibrium. Irritation, impatience, and anger are experienced if the return to the stage of comfort is frustrated. The "function of embeddedness affect" is to arouse the attention and activate the care of the mothering one—that is, to induce the environment to do something about the organism's needs. The "activity affect" accompanies the spatial and temporal gap that occurs as the organism leaves the shelter of early stages and advances to the next stage. Activity is necessary to bridge that gap to obtain physical and psychological nourishment, and the affect of reaching out is quite different from the embeddedness affect in that it is accompanied by eagerness, zest, and feelings of accomplishing. It is not to be inferred that the embeddedness affect is regressive and the activity-affect progressive, because there is normal embeddedness, as typified by the state of sleep, and there is the abnormal activity-affect typified by activity with over-

emphasis on accomplishment, instead of accomplishing, the end instead of the means. "Man is forever on the road between embeddedness and emergence from embeddedness." Various mixtures of these two emotional components determine the functioning of the individual personality. In some, the conservative need to maintain the status of embeddedness predominates and in others there is acceptance of separateness and development of new ways of relating to and coping with the environment.

Anxiety is "the embeddedness emotion par excellence." It arises when an individual breaking out of a state of embeddedness fails to cope with a new situation. The individual's continued growth depends on his ability to face the anxiety that is inevitable in breaking out of old patterns of embeddedness and developing new ways. Remaining in an embedded stage leads to construction and stagnation of life.

The types of embeddedness change as the human being grows. The embeddedness of the womb becomes embeddedness in the tender care of the mother. Later in life, normal embeddedness consists in faith and trust in the consistent behavior and attitudes of one's associates. There can be a neurotic embeddedness if the individual continues to need the attention of a mothering one that he had as a child and tries to get it passively by weakness or actively by dominating.

In this growth out of embeddedness, with its accompanying anxiety, the child perceives the world in two different perceptual modes: the "autocentric" and the "allocentric" mode. Initially, the autocentric predominates. The baby reacts at once to whatever impinges, sensory reactivity is connected with pain-pleasure, and there is little objectification. In later development, the allocentric mode assumes importance. Here there is objectification. There is distance (with longer and more complex nerve networks) between perception and experiencing fully. As contrasted with fusion in the autocentric mode, there is perception of an outside world existing independently and an awareness of self as a separate entity.

In developing then there is the nurturing that goes along with good autocentric functioning, permitting the growing edge to reach out, encounter the world and in so doing objectify self into an entity and the out-there as independent of self. At the same time there is an attempt to incorporate the out-there into one's self, to regain the fusion of the early autocentric mode and reestablish a new feeling of oneness on a new level. The early autocentric mode, passive, with little objectification, and wanting comfort and embeddedness, is disturbed in the growing process. There is a reaching out into the world helped by the allocentric senses. There is a digesting of the experience, pouring into a symbolic mold, and then a return to the passive, comfortable, tensionless state characteristic of the autocentric mode. Life, therefore, is a process forever oscillating between two poles, one of complete fusion and tensionless states of digestion, of sleep, of parasympathetic nervous system, of conservatism, of status quo, and the other of growing, reaching out, mastering the out-there, with greater separation from the world and subsequent feelings of identity and self and uniqueness.

Each reaching out means a new encountering of the world in all its freshness and newness, with the need to digest the new experience to permit it to merge with what has gone before, to change the old self each time into something new, and to experience a wider, richer, deeper connectedness with the world.

In the chapter on focal attention and the emergence of reality, Dr. Schachtel describes in detail how the anxious, need-driven individual perceives and experiences the world only in terms of his needs, and that only the unanxious person can be truly objective. The analyst must have this capacity to see the patient as he really is, uncontaminated by his anxieties and needs. The analytical experience for the patient is one which he at first sees the analyst as a need-satisfying object or as a danger against which he has to protect himself.

The chapter on "Memory and Childhood Amnesia" repeats what he has written before. The young child does not have the tools or a schemata by means of which he can record and later remember his experiences. "The average adult 'knows all the answers' which is exactly why he will never know even a single answer. He has ceased to wonder and discover. He knows his way around and it is indeed a way around and around the same conventional pattern in which everything is familiar and nothing cause for wonder. It is the adult who answers the child's questions and in answering fails to answer them but instead acquaints the child with the conventional patterns of his civilization, which effectively close up the asking mouth and shut the wondering eye."

This is an exciting book which deserves to be read and reread. It is well written and easy to read. Complex matters are dealt with skillfully in simple language, with a minimum of abstract verbiage.

The author has made a very valuable contribution, the full significance of which will be appreciated only in time. To the psychoanalyst the importance of the book may not be apparent at once. Over a period of time during which I studied his contributions I was deeply influenced. Dr. Schachtel, however, does not venture into the area of symbolism, values, and belief systems which would be essential before he could speculate about the psychotherapeutic situation and which would have augmented the value of the book for the psychoanalyst.

—SIDNEY ROSE, M.D.

CULTURE AND MENTAL HEALTH. Marvin K. Opler, Editor. 533 pp. Macmillan, New York, 1959. $8.75.

It is indeed timely that, coincidental with the observation of World Mental Health Year, there should appear on the scene a book featuring material on the effects of cultural patterns on mental health throughout the world. Opler's choice of selections, culled from recent cross-cultural studies, is highly commendable. His book features material by distinguished researchers in the fields of anthropology, sociology, psychology, and psychiatry.

In these days more than ever before, when travel has been greatly facilitated and communication between people is a matter of ultimate concern, we cannot view the world from a limited frame of reference. Furthermore, even within our own country there are social and economic barriers which modify and limit the degree to which we can psychologically identify with our environment.

Kardiner's study of the Negro personality, Opler's work on contrasts in patterns of schizophrenia of Italians and Irish in the United States, Sanua's observations on the differences in personality adjustment among different generations of American Jews and non-Jews, and Jaco's findings on the mental health of the Spanish-Americans in Texas clearly reveal the psychological components of acculturation in this country.

Of particular interest is the concept of "marginality" discussed by Sanua. The members of a marginal group are not completely identified with either the dominant in-group or with their own minority out-group, but must by necessity maintain cultural ties with both. The consequences are ambivalent identification, rejection, guilt, and frustration. Four main types of adjustment have been determined. One can reject the dominant and live entirely within one's minority group. He can reject the minority and adopt the dominant group. He may try in a social and political nihilistic way to renounce both. Finally, he may select what is aesthetically acceptable from both. This requires, of course, a continuous scrutiny of values, neither accepting nor rejecting on the basis of tradition or prestige. It is suggested that building a positive feeling of group identity to minimize ambiguity will diminish the anxiety and feeling of marginality.

An important and pertinent article by Carstairs on the social limits of eccentricity is worth devoting some time to. The author commences with recommendations of a Royal Commission study on mental illness and mental deficiency that there be a shift of emphasis from hospital to community care, that more patients be treated as out-patients, and that more patients be discharged from hospitals sooner. He lauds the commission's spirit and intent but observes that mental illness and its progress depends on social as well as medical factors. For example, we have all observed that certain patients who have made marked improvement in hospitals will relapse when returned to families unable either to understand or to cope with the patient's remaining disabilities. Interestingly enough, he indicates that it may be an asset rather than a liability that there are no clear-cut criteria for defining mental illness. The concept of a continuum with degrees and differences may permit greater identification with the symptoms and evoke a greater tolerance for the ill person.

He includes some of the popular attitudes toward mental illness, as elicited by Star in a survey in the United States. For instance, the public tends to equate mental illness with psychosis. People are only imperfectly aware of the existence of minor emotional disorders. Many believe that neuroses are only minor or early forms of severe psychoses. Mental illness is regarded as a term of opprobrium—withheld out of charity. It is often felt that understanding people is a matter of common sense which anyone can do, and so they seek immediate, visible, concrete factors as explanations for behavior. Psychotherapy is seen as explanatory, rational, exhortatory, and re-educative—essentially giving good advice. Neuroses are considered as minor, transient complaints, simple to cure by common-sense methods, or as a moral problem, and responsibility for recovery is placed on the neurotic. Recourse to a psychiatrist is regarded as a confession of failure. Psychoses are medical problems for which psychiatrists are required. Psychosis is feared as a sudden, irreversible, serious illness, unpredictable, and so a threat to everyone. All psychotics are believed potentially dangerous and certainly disturbing to live with and hence the tendency to try and keep them from society, if not from consciousness. Fear and distrust extends to ex-patients also. The foregoing attitudes definitely affect the average layman's response to mental illness.

Other studies in this article confirm these findings. One such showed that if a person were not hospitalized in a mental hospital, his pathological symptoms were often dismissed as "quirks." Once hospitalization had occurred, however, the same behavior that was once judged normal now was considered abnormal. Another reported that too often the problem of re-integrating a patient into the community was approached as if there were only one set of principles to guide the family. The validity of this is seriously questioned. The particular role and the unique way of living and relating in our cultural sub-groups must not be overlooked.

A study of discharged patients revealed among other things the importance of the degree of recovery at the time of leaving the hospital and the level of occupation and social responsibility attained before the onset of illness. In particular, one must note the discrepancies between a patient's nominal and his actual status in the household.

In the post-hospital period two factors seemed important. Was the patient able to hold a job even for part of the year and to what type of living group did he return when he left the hospital? One conclusion that the maintainance of the improvement was progressively less when the household was less welcoming need not be elaborated on. Another finding was that the common opinion "mental patients are dangerous" become favorably modified by first-hand experience with psychotics in a family, even when there has been a history of violence. As the author writes, "Imagined dangers are more fearful than actual ones." The author notes that the assumption that the patient has the best prognosis if he goes to his parents or to a spouse willing to receive him is not necessarily valid. In fact going to more impersonal environments, such as distant relatives or lodgings, exclusive of large public lodging houses which are too institutional, is often associated with a favorable outcome. The expectations placed on the patient's shoulders on returning to a domestic situation frequently are overwhelming. The "toxic" factors militating against recovery when the person returns

to a child/parent situation are intrusive emotional contact and low expectation of role performance. The findings are that where there is unconcealed hostility the patient fares poorest. They do less well in a situation where the patient tends to dominate the household, somewhat better where he is subject to firm discipline, where he is treated with special indulgence, or where he is left to go his own way, and by far the best where he experiences mutual give and take. Chronic schizophrenic patients seem most likely to succeed when they can start at the periphery of social relationships. Establishment of social ties, while necessary, must be gradual and not forced. They must find some sort of work, at times with assistance, because even recovered schizophrenics are liable to break down when unemployed. For some patients social isolation may not only not be schizophrenogenic, but in fact, may even be helpful. The anonymity and casual acceptance of eccentricity in London is for some a positive asset. He concludes with a strong statement that it is the level of tolerance of the community toward the mentally handicapped, the degree to which society can tolerate and not succumb to the temptation to shut out the socially withdrawn and even conspicuously abnormal persons in its midst, that will set the limits of effective community care.

Wittkower and Freid, in their article on Transcultural Psychiatry, point up how cultures differ significantly in the incidence and symptomatology of mental illness. These differences may be particularly seen in terms of the amount of aggression, guilt, and anxiety generated and the techniques used in handling such feelings. Among the socio-cultural variables related to mental illness mentioned are family and community organization, rapid socio-cultural changes, migration, population pressure, and political events.

Even within relatively homogeneous cultures, such as that found among the Chinese on Formosa, Lin has found that there are two distinct types of delinquent youth: those adhering to the traditional anti-Western way of life and those attracted to the modern, post-war, westernized, urban

mode of living, more like our "beatniks." He attributes this split to differing standards and values between subcultures of the Chinese—poor or wealthy, illiterate or educated.

Another author, Wallace, in his study on the cathartic and control strategies in the Iroquois Indian religious psychotherapy, makes the point that given a highly organized socio-cultural system, the psychotherapeutic needs of the individual will center more on the expression (catharsis) of suppressed wishes in a socially non-disturbing ritual way, while in a relatively poorly organized environment, the psychotherapeutic needs will tend to center on the development of a coherent self (ego-strength) and world image with the repression of incongruent motives and beliefs.

Only a few of the many excellent articles have been mentioned here. The book is divided into seven sections, each containing several geographically related articles. These range from studies of the North and South American Indian, to the people of the South Pacific, to Asia, and to Africa, all of which add significant details to our ever-expanding understanding of the state of mental health and psychological behavior

in the world. Margaret Mead's contribution on mental health in world perspective concisely and lucidly concludes the book. Her article includes the detailed recommendations of the World Federation of Mental Health to the World Health Organization and UNESCO for world-scale multi-disciplinary activity. In this framework are suggestions for cross-cultural comparisons, recommendations for exchange of knowledge, formation of agencies and organizations for international programs, and the provision for groups in which responsibly interested people in different countries can tackle problems which affect the mental health of the world.

The provocative, well-written articles and their extensive bibliographies make this book a valuable addition to the ever-growing collection available to people who care about ameliorating the emotional problems of the brotherhood of man. The main feeling of this reviewer was increasing awareness of how relative are the phychopathology and symptoms of mental illness in accordance with cultural definitions of neuroses and psychosis with customs with differing values.

—NORMAN J. LEVY, M.D.

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